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SEMI-MONTHLY.

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85	J. W. D., male. *Quotidian.*	63	3	0	2 grs. every two hours.	14 gr.	It was a case of slow fever, which had terminated in a quotidian intermittent. Patient had taken quinine at times for the past 35 years. No unpleasant symptoms or ringing in the head from this *Dextro-Quinine*. N. B.—This patient was opposed to quinine, as he insisted that it always produced unpleasant symptoms and ringing in his ears, but he admitted that he experienced no unpleasant symptoms from the *Dextro-Quinine*.	T. G. Comstock, M.D., Good Samaritan Hospital, St. Louis Mo.

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Yours very respectfully,

T. G. COMSTOCK M. D."

102	James C., male, *Tertian Ague.*	17	3 months	0	20 grs. in 5 gr. doses during intermission.	20 gr.	Had taken cinchonidia repeatedly but it kept returning. Severe tinnitus aurium. No return in six weeks.	D. H. Chase, M. D., Hoosier Prairie, Clay county, Ill.
103	Mary W., female. *Tertian.*	10	5 months	0	15 grs. in 4 doses day before the paroxysm.	25 gr.	Did not complain of quinism. No return in 4 weeks.	D. H. Chase, M. D., Hoosier Prairie, Clay county, Ill.
104	J. M., female, *Quotidian*	3	3	0	6 grs. in 2 doses during intermission.	6 grs	Was active determination to brain and spasms during the fever; but the *Dextro-Quinine* did not affect the head. Well now for six weeks.	D. H. Chase, M. D., Hoosier Prairie. Clay county, Ill.
105	M. Caragan, male.	43	2	0	3 grains every 2 hrs. until 3 doses only were given on the evening before the coming chill in the morning.	9	After taking the second powder he began to perspire freely. Could not stand Sulph. Quinine. No unpleasantness from the DEXTRO-QUININE. This case was treated by the sample sent to me by mail. It worked like a charm. Shall give it a fair trial.	H. L. Cokenower, M. D., Pleasant Plains Ill.
123	William Tannahill.	32	Every 7 days for about one year.	One slight symptom. Is now well.	1 gave it in 5 gr. doses allowing patient to take 6 doses day before chill day, then 1 two gr. pill every day for 6 days, and repeat former dose as before. This was done for 28 days.	120 gr.	Patient was reduced physically by the long recurrence of these paroxysms so that his life had almost become a burden. His digestive powers were *markedly* compromised. He had been treated by all the Cinchona alkaloids without arrest of the paroxysms.	E. Newton Campbell, M. D., Walnut Grove, Illinois
161	W. H. male. Had tried everything without success.	55	Many & constantly for six months	1	20 grains in six powders, 1 every 2 hours. Commencing after the paroxysm.	30 grs	Patient has had ague for at least six months; said he had tried almost everything—was entirely discouraged. It has been two months since the last of the *Dextro-Quinine* was taken. No return of the paroxysms and "Richard is himself again."	E. Newton Campbell, M.D., Walnut Grove, Illinois.

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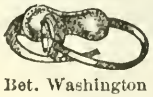

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THE

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Original Contributions.

ARTICLE XVII.

CONTINUOUS ELASTIC EXTENSION IN TALIPES OR CLUB FOOT.

By W. C. PIPINO, M. D., Surgeon in Charge of Blessing Hospital, Quincy, Ills.

In presenting the following cases of orthopedic surgery from private practice, to the profession, nothing new or original is claimed. It is merely to impress upon the profession the importance of perseverance in the treatment of deformities, without which nothing can be done. The surgeon who will operate or attempt to treat club-foot, ankylosis, etc., and leave the patient to the care of his friends, will have the mortification of seeing his patient as bad, if not worse, than he was before the operation. It is a fact taught by actual experience, that parents will not subject their little ones to any form of treatment, which gives the child pain and causes it to fret more or less while under treatment. They require constant attention on the part of the surgeon. It is necessary to see your patient often, and if that is impossible better not operate. On several occasions I had to repeat operations through the failure of a sympathizing and loving mother to apply the extension properly.

Before relating the different cases of club-foot I have operated upon, it is necessary, for a better understanding, to enter

upon the method of treatment. The causes or supposed cause of talipes will not be discussed. It is well known that to Dr. H. G. Davis, of New York, we are indebted for the introduction of "elastic extension" in the treatment of deformities, and in no cases does it act so well as in talipes. With elastic properly applied, the most powerfully contracted muscles can be overcome by its constantly acting force—tires them out and makes them let go, so to speak. The muscles at fault in talipes varus are the gastrocnemius, soleus and plantaris, which merge into the tendo-achilles. The two tibiales muscles, the tibialis anticus and tibialis posticus, are contracted and produce rotation of the foot; and, as this rotation increases, the central position of the tendo-achilles is gradually deviated from, and the achilles tendon comes to act in concert with the tibiales muscles in effecting rotation and adduction of the foot.[1]

In addition to these, there is contraction of the plantar muscles merging into the plantar aponeurosis. It is to overcome this contracted state of affairs that we make use of the elastic or "artificial muscle," as it has been called; the muscles and ligaments are not only contracted, but are actually shortened by being kept in this contracted position. "To remedy this shortened state of the muscles, ligaments and the other soft tissues, we must keep them unremittingly tense, that the new material deposited may go to lengthen them, which it will not do if the parts to be lengthened are not kept tense. In addition and at the same time that these tissues are being lengthened, those upon the opposite side of the limb, whose function the rubber performs, being kept lax, are shortened by the same changed circumstances of nutrition. Hence, in the end, we have them of an equal length upon both sides of the deformed part. This office the 'artificial muscles' perform, in addition to its educating and exercising those which fail to do their duty."

If we wish to restore the functions of the foot in talipes, we must restore tone and ability on the part of the muscles in obeyance, to contract, and as they are unable to respond to the will, it becomes necessary to resort to the use of artificial muscles in place of those incapacitated, which should be so adjusted as to simulate the natural movements and to overcome the contracted opponent. In applying the elastic extension to club-foot, I

1 Conservative Surgery.

think the method employed by Dr. Prince the most successful that I have tried. It consists in applying a board cut in the proper shape to fit the sole of the foot, covered with adhesive plaster, to which is attached a piece of elastic ribbon opposite the metatarsal bone of the little toe; a tin plate, to which a hook is attached, is made to fit the leg below the knee; this is also covered with adhesive plaster, and held in position by two or three strips of adhesive plaster encircling the limb. The board having been applied firmly to the foot by means of plaster, as well as the tin plate to the leg, the whole is covered by a roller bandage and the elastic ribbon made tense by attaching it to the hook on the tin plate; the foot is now pulled in the opposite direction to that maintained by the deformity, and must be kept so until the contracted muscles are entirely overcome. In obstinate cases, where the deformity resists the reduction by extension, Dr. Prince recommends the "occasional application of force, while the patient is insensible from the influence of ether.[2] I invariably etherize my patients and apply force, which greatly facilitates matters and shortens treatment.

By way of illustration and in support of the above, the following are appended:

CASE I.—*Double Talipes Varus.*—On October 2d, 1875, Dr. P. A. Heitz, then of Hannibal, Mo., sent me C. H., age 2½ years, with double talipes varus (see figure 1). The little patient was

Fig. 12.

put under the influence of ether and forcible extension applied by means of our hands to each foot until they almost resumed their natural position. The foot board and elastic extension was applied, loose at first for a day or two, then gradually tightened up. This treatment was continued until February 19th,

2 Prince's Orthopedics.

'76, when all extension was taken off and the patient considered cured (see figure 2) in a little over four months from commencement of treatment.

Fig. 13.

CASE II.—*Talipes Varus, left foot.*—E. Simms, of Missouri, age 5. When two years of age, was operated upon by a St. Louis surgeon; tendo-achilles divided and shoe applied, but no improvement. March 26th, 1875, etherized patient and used forcible extension; afterwards elastic extension. July 6th, 1875, foot straight and remains so without apparatus. Discharged cured; treatment less than four months.

CASE III.—*Double Talipes Varus.*—E., male, age 2 years, appeared for treatment July 6, 1875, for double club foot. Administered ether, applied forcible extension, then elastic extension; continued to do well and was discharged November 30th, 1875, cured; treatment little over four months.

CASE IV.—*Double Talipes Varus.*—K. B., female, age 4 years and six months, presented herself for treatment February 6th, 1876. Both feet strongly flexed and immovable. Etherized patient and applied forcible extension; afterwards elastic extension. February 19th, there not being much improvement, the patient was again etherized, and forcible extension again applied, when the plantar fascia was felt as well as heard to tear; the foot immediately responded to extension. The right foot was similarly treated. March 4th, great improvement; feet not yet in normal position; ether was administered and forcible extension applied for the third time, followed by the elastic extension. March 28th, her father writes: "She is on her feet the whole day long from morning till night."

CASE V.—*Left Talipes Varus.*—S., female, age 3 weeks. Simple elastic extension only was applied in this case, which yielded a perfect result. Unfortunately the little patient died

from an attack of cholera infantum a couple of months after extension was taken off.

Many more cases could be recorded, but enough has been said to show the simplicity and superiority of "elastic extension." It will be observed that in none of the cases recorded was tenotomy once resorted to by me. I think it a useless operation in this class of cases. We can succeed as well without it. Then why perform it? Only once have I divided the tendo-achilles, and then unnecessarily, as I believe the case would have progressed as well without it. No doubt some cases would succeed as well without forcible extension as with it; others would not, as Case IV demonstrates. Whether it is absolutely necessary or not the application of it cannot do harm, and always expedites the treatment. The after treatment consists simply in giving enough morphia to allay pain and tonics for the general health.

Article XVIII.

Thrombosis Arteriæ Coronariæ Cordis. By A. Wislizenus, M. D., of St. Louis Mo.

In the proceedings of the St. Louis Medical Society in the last Journal, Dr. Mudd reported a highly interesting case entitled "Unusual Slowness of the Heart's Action." I will recapitulate here only the main features of the case.

"An old lady of 78 years, and in her ordinary state of health, was suddenly taken with pain in the chest, cold extremities, respiration about 20 in a minute, but pulse of the heart only 18 a minute; her intellect was perfectly clear. No organic disease of the heart or other organs was appreciable. Some stimulants raised the pulse temporarily to 32, but gradually it sank again to 15 and 13 and on the sixth day; after some convulsions, she died. The post-mortem examination showed a moderate deposit of fat on the pericardium, the walls of the heart were thin and yellowish (from fatty degeneration). A fibrous, yellowish clot

was found in the right ventricle projecting in the pulmonary artery on one side and on the other, into the auricle. The coronary arteries, especially the left, presented well marked calcareous degeneration; at one point in the coronary artery, just at the ventricular branch, there was a distinct narrowing of the calibre. At the bifurcation of the trachea, a much enlarged bronchial gland was found compressing and flattenning the pneumogastric nerve."

In the discussion that followed, some of the members laid great stress upon the state of this nerve, because want of innervation might account for the collapse of the heart; others considered the fatty degeneration of the heart a sufficient reason. In my humble opinion neither the one nor the other could account for the suddenness of such an attack. So sudden an effect requires also a sudden cause.

Our limited experience in such rare cases has taught us, that a thrombosis of the coronary artery, the blood of which feeds and nourishes the muscles of the heart, is the principle if not the only cause of these mysterious, fatal strokes. When the so-called thrombi or fibrous clots of blood are formed in small arteries like the coronary, their constant effect of impeding the current of the blood and completely obliterating the channel is the quicker. Dr. Mudd in his case does not expressly mention the presence of such thrombi in the coronary arteries, but he speaks of their calcareous degeneration and their partial narrowing. Such calcareous deposits are fully as capable of producing such impediments and complete obliteration of the arteries as the thrombi themselves. Cohnheim in his lectures on general pathology (published in 1877) mentions that Bezold and Panum obtained quite the same result by experimenting on animals, either in compressing their coronary artery by clamp-pincers or by injection of a fine emulsion of beeswax.

Such cases are indeed rare and deserve to be put on record especially when observed by competent physicians and verfied by post-mortem examination. In the interest of science, I will therefore report another case of obliteration of one coronary artery of the heart that occurred in this city four years ago. The case was under the attendance of Dr. Wichman and the late Dr. Hammer. The latter, after leaving St. Louis for Vienna, considering the case justly of high scientific interest, published it in the *Wiener Med. Wochenschrift* 1878, and sent me a

copy. But as this German medical journal is not accessible to many American physicians, I take this occasion to present in this journal a short summary of all the essential points in said paper.

"The patient was a German of 34 years and strong constitution, had a year before an attack of acute rheumatism, a second one one month before, from which he was just convalescent with an average pulse of 80 in a minute. Suddenly, when sitting in a rocking chair, he was seized with collapse, with cold extremities, a feeble but regular pulse of 40 a minute, but no pain, and intellect quite clear. Examination of the chest showed no sign of exudation either in the heart, lungs or pleura, nor any organic disease of the heart. But the pulse gradually sank down to 8 a minute. Examination of the heart in this condition exhibited first a feeble but still distinct systole and diastole lasting one second, then a clonic spasm of the heart with a vibrating sound lasting five seconds, then a quiet pause of two seconds and so on in the same regular repetition. In the absence of all other organic defects, Dr. Hammer, by the exclusive method, came to the conclusion that such a sudden collapse and gradual sinking could only be explained by a sudden obliteration of one of the coronary arteries of the heart. The patient died on the third day. The post-mortem examination was allowed only on the condition that the heart only should be examined. In the pericardium about a spoonful of serum was found, in the ventricles quantities of fibrinous coagula (formed probably in *articulo mortis*); endocardium and valves were sound, muscles anæmic. In examining the semi-lunar valves of the aorta, which were sound themselves, a large thrombus of fibrinous clots and excrescences was discovered in the right sinus Valsalvæ that extended to the outlet of the coronaria and obliterated it entirely. The complete obliteration must in all probability have taken place very suddenly."

Translations.

FROM THE ITALIAN.

STORIA COMPENDIATA DELLA CHIRURGIA ITALIANA. DAL SUO PRINCIPIO FINO AL SECOLA XIX. Del Professore CARLO BURCI. [For the JOURNAL.] JOSEPH WORKMAN, M. D., Toronto, Canada, Translator.

COMPENDIATED HISTORY OF ITALIAN SURGERY—CONTINUED.

MARCO AURELIO SEVERINO.

Early in the 17th century a surgeon appeared in Naples who gave a great impulse to the art, caused astonishment by his doctrine, and by his own merits raised himself into fame throughout all Europe. His spirit, independent, bold and learned, made its way out of the very obstacles which it met, and daringly broke through those obstructions which a too great timidity had imposed on surgical practice. This man was *Marco Aurelio Severino*, who was born in 1580, in Tarsia (Calabria Citra,) a short distance from Coenza. Having applied himself to the study of jurisprudence, because his family urged him to do so, as soon as, by the death of his father, he found himself free, he turned quickly to medicine, to which his natural talent called him; next he applied himself to surgery, in which he was instructed in Naples by one Guilio Tasolino. In this branch he acquired so much fame, that he was placed in the chair of anatomy and surgery and soon became first surgeon in the grand hospital of Naples. Disdaining the trivial compensation received by surgeons and the feeble and often inefficacious treatment then adopted by them, he finally determined to reform the art and to lead it to the realization of more honorable rewards. In order to do this and to show himself an innovator, by new methods, and precepts that appeared strange, it was necessary to beat down prejudices and old practices and to offend the grave authority of many masters. Poisonous envy then set to work and he was accused in the tribunal of the Inquistion of having used on his patients imprudent and incendiary measures. He was ejected from his public office, but it was restored to him after he

had defended himself in a learned *Apologia*. Being accused a second time, on the same grounds, he was imprisoned, and when he regained his liberty, being persecuted by all, he was forced to fly from Naples, but afterwards, through his merits and his fame, he returned triumphantly and had a little quiet to his troubled spirit.

He gave himself energetically to work for the achievement of that surgical reform so long meditated by him; and so great a reputation did he obtain by his works, his liberal instruction and his bold operations, that a majority of the students, not only of Italy, but of all Europe, were moved to hear him and to imitate him. Even the celebrated University of Padua was emptied of scholars, for at that time they preferred to attend, not where medical students were most speedily passed through, but where best and most intelligently the precepts of doctrine and art were presented.

He died on the 15th of July, 1656 and was buried in Naples in the church of San Biago de Librai. He was nourished with that prime vital aliment for surgeons, anatomy.

In 1629 he published in Naples his *Historia anatomica*, etc. He afterwards published surgical works of great value; these were his *De sacondita abscessum natura*, Naples 1632; *De efficaci medicina*, Frankfort 1646; *Trimembris chirurgia*, Frankfort 1653; The spirit of surgeons was raised to high satisfaction, from seeing the art in Italy treated by a man of such a noble mind, at once a physician, a pathologist, a zoologist, as erudite in medicine as ever any one had been and the author of many and various works, in which his acute provident and profound genius was apparent. He saw in fire the remedies most natural and most excellent for the cure of the greater part of external infirmities, and in this direction he certainly passed all rational limits and suffered in consequence the just criticism of contemporaries and of posterity. He employed fire and the knife with more than courage, with audacity. It was unavoidable that a man of Severino's temperament must have broken the ice of his time, shaken off the inertia of his confreres and raised the art to rejoice in its great resources. Surgery in the end of the 16th and the beginning of the 17th century, had been reduced in Italy to a paralytic state, helping itself with cerates, balsams and ointments. It was demanded that some strong spirit should enfranchise her and by tearing off the enlacements which held her un-

der the authority of Galen and the Arabs, should forcibly lead her back to her pristine dignity. Such a spirit was Severino, who, if in the impulse he gave to surgery, sometimes passed the limits of actual necessity, yet that impulse was necessary, natural and useful. The timid and fearful were firmly urged forward, not softly caressed.

[The author, apparently unconscious of his own prolixity, proceeds to exhaustion in his eulogy of Severino; but it might be a *severe* trial of the patience of our readers, to accompany him to the close. Suffice it to say that the ghost of Severino can never reproach Burci of having been parsimonious in his praises of its mundane predecessor.]

[The following passage may not be uninteresting to the cultivators of a certain specialty.]

"In the commencement of the 17th century, there were some men of minor lustre to our country. Santorio Santoro was the inventor of various useful instruments, among which was a pulsometer. He modified the trocar of Canani and the *uterine speculum*; he wrote on surgical subjects and especially a treatise. *De Lithotomia sen calculi vesicae sectione, consultatio.*) Leyden. (1638.)

The following is a more interesting extract.

"Valsalva was the first who proved that certain lesions of the brain produce hemiplegia of the opposite side and that such cases may run through without giving sign of their existence."

[Burci's retrospect of the state of surgery in England, Germany, Holland and France, in the 18th century, will be read with much interest and as the author returns to this subject near the close of his history, bringing it down nearly to our own times, we think it better not to divide it, but to present the two periods in connection.]

England began her life in surgery, for which she afterwards became so famous, in the works of *Richard Wiseman*, who was called the English Paré. He was, in the quality of surgeon, attached to the Royal family at the epoch of the revolution of 1640, and with them he went into exile and was taken prisoner at the battle of Worcester. Having regained his liberty in 1652, he devoted himself to his art and published works which deserved immortal fame, not so much for the wise and judicious principles they inspired, as for the candid and precise description

of practical facts with which they were enriched. Amongst his published works, the following call for record: *a treatise on wounds*, (London, 1670): *treatises on surgery*, (London, 1670). A *system of surgery*, (London, 1734), etc.

Wiseman, in the country of Pott, Bell and Hunter, gave an impulse to surgical studies, which from that time forward were constructed with so much honor as to enable England to march in the front in all the advances of surgery, nor has she since lost her splendor, whilst disputing for the palm with other nations. The surgeons of England were entirely separate from the barbers and in the middle of the 18th century (1745), they obtained the authority of Parliament to constitute themselves a special corporation in London, preserving their ancient privileges, acquiring some new ones and erecting at their own cost that magnificent palace, the *College of Surgeons*, which is the seat of the School of Surgery and Anatomy, where students and masters work together for the advancement of the art; and the institution, once established and found to be useful, has never ceased to prosper, in that most happy land. The names of Cheselden, a famous lithotomist, of Douglas, Monro, White, Sharp, Cooper, Warner, Alanson, Percival Pott an able surgeon and eminent writer, Hawkins Smellie the obstetrician, and of the two Hunters form, with many others, an array of learned surgeons to whom our art in England has been indebted for the progress made by it in the 18th century and for the honor to which it was exalted and which it has fearlessly maintained ever since.

[The author, in several parts of his book, would seem to have obliviously fallen into repetitions of interesting passages, which he has sometimes gracefully modified or augmented; but as the readers of the JOURNAL may prefer to dispense with such rehearsals, we go forward and reproduce some of the facts given near the conclusion of the history.]

"PERCIVAL POTT was born in London in 1713. In 1749 he was an ordinary surgeon in the Hospital of St. Bartholomew, and some of his works had begun to attract public attention. He published a completed collection of these in 1779. He was rough and awkward in manner, consequently too little compassionate towards the sufferings of others; he was a member of the Royal Society of Surgeons. He retired from practice in 1787 and died in the year following. He had, as son-in-law, JAMES EARLE, a very distinguished surgeon, who in 1790 published

the works of Pott, with notes and additions and was himself noted in England for his treatises on hydrocele and cystotomy. Pott's works treat of fractures and luxations, (1747.) Hernia in the new born, (1757.) Hernias in general, (1763.) Hernia of the bladder and lachrymal fistula, (1758.) Hydrocele and diseases of the Testicle, (1762 and 1771.) Fistula in Ano, (1765. Wounds, contusions of the body, fractures of cranium cerebral concussion, (1768 and 1775.) Cataract, polypus of the nose, cancer of scrotum, etc., (1775.) Paralysis of the lower limbs from spinal curvature, (1778 and 1782.)

Pott was a man of much skill in his art; he discussed matters and important subjects with singular ability, practical genius, and wise pathological and clinical views. His studies and instructions on injuries of the head, which he treated frequently by trephining with very simple instruments; those upon spinal paralysis, which was named after him; his treaties on hernias, together with other labors of great value, above recorded, have placed the name of Pott amongst the most distinguished surgeons by whom English surgery has been honored in the past century.

Another surgeon of great fame, who flourished after Pott, and to whom we owe an elegant system of the *Institutes of Surgery*, was BENJAMIN BELL, a student of Monro in the school of Edinburgh, a pathologist and an able operator. Having passed through his studies and acquired his surgical diploma, he traveled on the continent, visited the principal universities of Europe, and was well received in Paris. Having returned to Scotland, he became a surgeon of the Royal Hospital, of Edinburgh, a member of the college of surgery, and of the Royal Society. He died in the beginning of the present century, honored as a benefactor of the university and an exemplary cultivator of science and art. Besides his Classic Treaties of Surgery (Edin., 1783), he wrote a work on Ulcers and Diseased Joints (Edin., 1778); on Hydrocele and Some Diseases of the Testicle (Edin., 1794); on the Treatment of Virulent Gonorrhœa and *Lues Venerea* (Edin., 1797.) All his labors have an eminently practical and experimental character, are illustrated by an abundance of well observed facts, and are upheld by most opportune observations, with judgment so rigid and just, that there is not a careful cultivator of surgery who is not familiar with his works. His system of surgery, did the necessary brevity of this summary

permit, would merit an accurate exposition, in order to exhibit its great worth, and the estimation in which it was held in all schools. There is not a subject of pathological or operative importance, which is not treated in it with ability, criticism and erudition. This work of Bell surpasses those of Heister and Calissen, and may be placed on a par with the *insitutioni chirurgiche* of our Monteggia, which has so much advanced the progress of Italian surgery.

Another English pathological anatomist and surgeon, truly sovereign, whose fame has flown over every part of Europe, a man of almost divine genius and untiring perseverance, was JOHN HUNTER, who was born at Caldenwood, in the parish of Kilbride, in the county of Lamark, Scotland. Palmer, speaking of him, says, "If we would go back to the true origin of progress in modern surgery, the gem of all its great improvements will be found in those principles laid down by Hunter, which after that great man were introduced into the healing art. As an able builder, he placed the science on so ample a basis, that his work has held the front in all the revolutions of public opinion, without injury in the conflict, and even bringing back fresh glory, and complete confirmation of all his ideas." Hunter, at the age of 20, was uninstructed in letters, or any branch of science, habituated to a free and wandering life, and regarded as a libertine. He asked his brother William, an anatomist and obstetrician of high repute in London, if he would receive him into his anatomical theatre. He received him and adopted him, and John soon became one of the first anatomists. He became a military surgeon in the Royal Marines; next a private teacher of anatomy and surgery, and finally, after the death of Pott, the first surgeon in London. He had many affectionate scholars, among whom were Jenner, Home, Abernethy and Astley Cooper. He erected, at his own expense, the museum called the *Hunterean*, into which he gathered preparations of the greatest importance to human, comparative, and pathological anatomy. It was he who, in England, placed surgery on the unshakeable basis of anatomy, human and comparative physiology, and the most circumspect and efficacious clinical observance. He presented as a scientific truth nothing which his own experiments did not verify. His was the truly Baconian practical philosophy. Even more than surgery, in which he was so distinguished, he loved comparative anatomy, which he so amply illustrated, and

for which he sacrificed his all, to the injury of his own family. He gave golden precepts on surgery (*Principles of Surgery*); he wrote on anatomy (1771); on the diseases of the teeth (1778); he published a book of much value, on *venereal diseases* (1786); he has left to us the most complete *treatise on the blood, inflammation*, and *gunshot wounds* (1794); and one on the *animal economy* (1786), which is a treatise of wisdom, and in which human and comparative anatomy, experimental physiology and pathology serve for the most correct instruction in the knowledge of the human body.

It was Hunter who gave to surgeons the scientific and anatomico-pathological reasons for encouraging them in ligaturing aneurismal arteries between the tumor and the heart (the method ever since called *Hunterian*), and in doing so he laid the basis of the convenience and the utility of this most efficacious operation. Many are the surgical memorials written by him, found in the philosophical transactions and other periodicals of London, but the most numerous are those on human anatomy, on comparative and pathological anatomy, on physiology and natural history.

Hunter was a man frank, laborious and beneficent, a protector of the studious, an original in genius, easily led into excesses of temper by the impetuosity of his character. He died suddenly in St. George's Hospital, London, on October 16th, 1793, whilst at a meeting in which he became too much excited. The example of this singular man, who lived through many years in comparative penury, shows us once more how the will may become a lever to the power, and that to the willing to whom God has given genius, nothing is difficult. That rough lad of twenty years, that brawling scamp, that man of slender friendships, that Kean amongst surgeons, left, at his death, the fame of a sage, of a man devoid of fear, and a benefactor to humanity, and he bequeathed to science a MUSEUM which cost him more than a million of lires ($200,000). Behold, then, how much a man who is moved by the noble sentiment of perfectioning himself, may do in rendering himself useful to others and to his country; at the age of twenty years John Hunter *resolved to be able* to do so, and he lived *to do it*.

Contemporary to Pott, Bell, and Hunter, contributors to the progress of surgery in England, at the close of the last century, were Everard Home, Michael Underwood, George Ellis, Boyn-

ton, Charles White, Walter Weldon, Marshall, and, above all, the obstetricians Smellie and Rawlens, Russell and Wiedman, who wrote on necrosis and the regeneration of bones, and *John Abernethy*, who was one of the most distinguished students of John Hunter, and one of the most celebrated surgeons of England. He was born in the town of Abernethy in 1768, and died in London in 1831.

[NOTE.—Burci has been wrongly informed as to the birth of Hunter. He was born in London in 1764. He was the grandson of Rev. John Abernethy, a Presbyterian minister of the north of Ireland, who wrote a volume of sermons on the Divine attributes, which Dr. Samuel Johnson said were the best he had ever seen; but being informed they were written by a dissenting minister, he would never again open the book.]

Abernethy was surgeon in chief of Saint Bartholomew's Hospital. He wrote many works: Lectures on "Surgery;" on "Local Diseases;" on "Aneurism;" on "Diseases of the Urethra, and the Diseases which appear to be Syphilitic;" on "Injuries of the Head;" on "Tumors;" on "Lumbar Abscess," etc. His fame was universal, and he was honored and lamented. He opened the way to the celebrated Sir Astley Cooper.

Proceedings of Medical Societies.

AMERICAN LARYNGOLOGICAL ASSOCIATION.

APHONIA, RESULTING FROM INFLAMMATORY THICKENING AND INFILTRATION OF THE VENTRICULAR BANDS. By J. O. ROE, M. D., of Rochester, N. Y.

The following cases of aphonia and stenosis of the larynx, caused by inflammatory thickening, infiltration or induration of the ventricular bands *alone*, are of interest on account of the infrequency of inflammations of the larynx to become localized exclusively in these parts:

CASE I.—Mrs. R., æt. 37 years, consulted me July 1st, 1874, for relief from aphonia, resulting from a severe cold contracted on the 16th of the previous March. During this time she suffered very much, particularly in damp weather, from dyspnœa, which was aggravated on the slightest exertion. She had a previous history of throat trouble dating from an attack of measles at twelve years of age. At sixteen she began to have considerable swelling of the thyroid gland, which became quite tender, giving her great annoyance until she was eighteen years old, when it subsided, leaving the throat trouble much aggravated. After that she was subject to frequent attacks of hoarseness from colds. Reading aloud, damp weather or night air would produce hoarseness and sometimes complete aphonia. On examination, the ventricular bands were found in a stage of sub-acute inflammation, much thickened and obstructing the vibration of the vocal cords. The vocal cords were normal, their free edges being seen, on attempted phonation, through the narrow aperture left between the ventricular bands. The remaining portion of the larynx was quite free from disease, except as the diseased condition of the bands was spread out slightly on the immediately surrounding mucous membrane. Applications were made to the larynx of a solution of argenti nitras (grs. xl–℥j), alternated with a solution of equal parts of zinci sulphas (℥j–℥j), and glycero-tannin. Vapor inhalations of co. tr. benzoin were also given. The patient began at once to improve, and in four

days the swelling of the bands had so far subsided as to permit a low tuned laryngeal sound. Applications of electricity to the larynx restored the function of the cords, as the thickening of the bands subsided. In three weeks her voice was clear and strong, and cod liver oil and iron soon restored her to excellent health.

Case II.—Mrs. H., æt. 41 years, referred to me by my friend Dr. Jones, of this city. She had suffered from marked hoarseness, and much of the time complete aphonia, for five years. During her girlhood she was troubled more or less with asthma, shortness of breath, and palpitation of the heart. At eighteen, and also at twenty-one, she had attacks of pneumonia. Each attack was followed by loss of flesh and strength, and by a cough and expectoration of a muco-purulent substance. At twenty-six, when apparently having recovered from these difficulties, she had an attack of diphtheria contracted while laying out a child which had died of that disease. This attack left her throat sensitive to unfavorable weather and change of temperature. Five years ago her throat trouble was much aggravated by a severe cold, and she lost her voice completely. She had during this time a severe cough, considerable expectoration and much shortness of breath; also, a great deal of headache and pain in the back of the neck and in the chest. Family history quite free from scrofula or phthisis. Laryngoscopic examination revealed moderate stenosis of the larynx from thickening of the ventricular bands, the right side much more thickened than the left so as to obscure the right vocal cord. The left ventricular band was but moderately thickened, leaving the free edge of the cord visible during phonation. Both cords as far as could be seen were quite normal. Local applications were made of zinci chloridi (gr. xxx–℥j.), alternated with a solution of equal parts of tannic acid dissolved in alcohol (℥ij–℥j.) and iodide of zinc (℥ss–℥j). Inhalations of compound tincture of benzoin with oleum pini sylvestris were also given. Internally, muriate of ammonia and tonics were administered, and the voice and health of the patient were restored in about six weeks.

Case III.—Wm. B., æt. 25 years, coachman, referred to me by the family physician, January 11th, 1877. Five weeks previous to this time, while in Toronto, he contracted a severe cold by sleeping in a cold, damp room. Soon after he returned

to his home in Rochester. The trouble began with an ordinary sore throat. In about one week he had lost his voice, and had begun to have some difficulty in breathing, which increased quite rapidly, and was greatly aggravated on lying down and by damp weather. His appetite was poor, and he was gradually losing flesh and strength. The obstruction affected only inspiration, producing a peculiar stridulous sound, very painful to hear. Expiration was entirely free. On laryngoscopic examination, the ventricular bands were found to be greatly swollen from submucous infiltration. The right one was much more swollen than the left, forming a sort of fold which projected across the larynx and acted as a valve, almost completely closing it during inspiration. Four years previous he had contracted syphilis, but I could not discover that this trouble was at all influenced by it. January 25th, the dyspnœa became so urgent, owing to a slight cold, that tracheotomy was performed to prevent impending suffocation. Local applications could now be deliberately applied to the larynx without fear of temporarily increasing the stenosis. By their use, in about three weeks the local infiltration and thickening of the bands were so far removed as to permit the removal of the tube, but owing to the timidity and fear of the patient lest he should have a repetition of his previous experience, it was allowed to remain in three weeks longer. It was then removed and the tracheal opening closed. About four weeks after the insertion of the tube, the patient began to exhibit symptoms of phthisis, and shortly consolidation of the apices of both lungs could be detected. These were combatted for a time, but in June, active tuberculosis with fever and hectic set in, and on August 10th, he died. At the autopsy, all signs of inflammation and induration of the ventricular bands had disappeared. Notwithstanding its association with tuberculosis of the lungs, there was no evidence of tuberculous deposit in the larynx, or the characteristic chronic laryngitis of phthisis. In the lungs was discovered a very interesting state of affairs. In each there was a large cavity, extending, in the right, from near the apex to the lower portion of the middle lobe, and to a corresponding point in the left. Crossing these cavities, the bronchial arteries, veins, and air tubes appeared like so many coarse cords and strings, illustrating in an admirable manner the resistance of the coats of the vessels to the ulcerative process, and explaining

the absence of hemorrhage in such cases of extensive disease.

Case IV.—Mrs. B., of Titusville, Pa., æt. 36 years, came under my care March 5th, 1877, suffering from complete aphonia. She gave the following history: Her first trouble with voice began eighteen years ago, when she lost it totally for two days; afterwards was hoarse occasionally, each time after taking cold, until Nov. '76, when, without apparent cold, she lost her voice for two weeks. The fluctuations between aphonia and a good voice in this case were quite interesting to note. After this attack she awoke one morning with a clear strong voice, which remained good for two weeks. Again she suddenly lost it while attending to her stove in the morning. This attack continued four days, when she awoke in the morning with her voice completely restored. Two days after, while sweeping snow from the porch, her voice left her for twenty-four hours; was again good for two days, when she again lost it while doing some cooking, but it was restored when she awoke next morning. After this, aphonia continued most of the time until I saw her in March. She had her voice at intervals of one, two, and three days, or sometimes a week, and during the previous January and February for two weeks. Various other causes would affect her voice, such as sudden changes of temperature, going from a warm to a cold room, exposure to dust or steam, slight excitement on receiving company; as, if sitting quietly at home with family, or friends, and conversing in good voice, should a stranger happen to call, she would be unable to make a loud sound. Slight exertion, or strain, as in lifting a child, or going down and up stairs again, would take away the voice, only to be restored by rest, usually requiring a night's rest. She was married at 18, first child at twenty, since which time she has had more or less uterine trouble, ulceration of cervix, retroversion, and prolapsus. Her aphonia had been generally attributed to sympathy with her uterine trouble, but I could discover no such connection, as her voice was often the best when her uterine trouble was the worst, and *vice versa*. She was, however, referred to Dr. Dean for immediate attention to this difficulty. During the past three or four years, and particularly since the aphonia had been more constant, she had become much reduced in health and strength, and at times during these attacks would have considerable dyspnœa. Laryngoscopical examination revealed thicken

ing and infiltration of the ventricular bands, occluding the larynx so that only a border of the vocal cords could be distinctly seen on phonation. These were not, however, diseased except as they participated slightly in the general laryngeal hyperæmia. Other portions of the larynx were quite normal. Local treatment to the thickened bands was continued, until June 1st, at which time the thickening had become reduced, the larynx quite normal, voice clear, strong and unaffected by ordinary subjective changes, and she has continued well since.

CASE V.—Miss L. J., æt. 28 years; had hoarseness more or less for five years; aphonia for two months. She was referred to me by my friend Dr. W. S. Ely, of this city, July 7th, 1878. Five years before in June the patient had taken a severe cold which settled in the throat and produced a hoarseness that continued until next May. The following August she contracted another cold; was very hoarse at the time; had a hard cough; some shortness of breath; lost flesh and strength; and became so weak that she was confined to her bed for four weeks, and did not go out until the next April. After that she improved in health and voice, but remained very sensitive to damp air and unfavorable weather. In May, two months before I saw her, she took a more severe cold than usual, which produced complete aphonia, and some dysphonia on exertion. During the first two weeks she coughed violently and expectorated a greenish matter. Shortly after she ceased to expectorate, but a cough continued of a dry hacking character. She began again to run down, to lose appetite and strength, and was subject to nervous headaches. On laryngoscopic examination the ventricular bands were found much inflamed and thickened, their bases very broad, filling the ventricles, and pressing on the base of the vocal cords, preventing their vibration; the vocal cords and remaining portion of the larynx normal.

Since writing the above the following has come under my observation:

CASE VI.—Mrs. H., of East Rush, a stout well developed woman, æt. 40 years, referred to me by Dr. Sherwood of that place, April 22d, with hoarseness, pain and tenderness in the left side of throat. Last November she had what was supposed to be a mild attack of diphtheria, which left her throat very tender and irritable. In January she began to be hoarse. This hoarseness

was aggravated by the talking she had of necessity to do, being in a store; had a slight hacking and unsatisfactory cough, attended with but little expectoration. General health excellent. Examination of the larynx revealed the left ventricular bands to be markedly swollen and thickened, and the superficial portion ulcerated. In the left ary-epiglottic fold there was a large nodule or growth, in appearance a fibroid. The left vocal cord was engorged and very red from its close proximity to the diseased ventricular band, but was not directly involved. The remaining portions of the larynx were entirely normal. I am now (April 30) making daily applications of nitrate of silver (30 to 60 gr.–℥j) and the ulceration and induration are disappearing quite rapidly, but an operation will, without doubt, be necessary for the removal of this growth.

These cases illustrate the importance of an accurate diagnosis in all cases of laryngeal affections, for, by mistaking the cause of the aphonia or hoarseness, other parts may be supposed to be the offenders, and subjected to uncalled for and often injurious treatment. Thus, in one of these cases in which the disease was attributed to a functional difficulty, the patient had been caused to inhale chlorine gas, strong fumes of ammonia and other irritating substances, to tease the supposed dormant muscles into activity. A careful laryngoscopic examination, under ordinary circumstances, cannot fail to reveal the cause of the difficulty, whereby the symptoms may be mistaken for functional aphonia, either direct or of a reflex character. Thus, of the cases cited above, three were supposed to be of that character, by the close resemblance to the symptoms exhibited by functional manifestations of disease. Two were ascribed to a directly local paralysis of the laryngeal muscles, and one attributed to a reflex cause, from the known sympathy which exists between the uterus and the larynx. The implication of the ventricular bands, in general laryngeal affections, producing hoarseness and sometimes aphonia, is alluded to by most writers on laryngeal diseases. Thus von Ziemssen, in describing the anatomical changes which take place in chronic laryngeal catarrh, says, "So also the swollen ventricular bands not only obliterate the ventricles of Morgagni and cover over a large part of the vocal cords, but also materially lessen the excursions of the latter during phonation." But the localization of such inflammatory thickening in the bands alone, unassociated with disease in other portions of

the larynx, as in these cases, is but occasionally mentioned, although it is of more frequent occurrence than one would be led to suppose from the literature of laryngology.

Dr. Duncan Gibb, however, calls separate attention to it as producing hoarseness, and cites, with illustrations, three cases that came under his observation. Tobold and Semeleder also make special mention of it, and cases are reported by Türck.

Prosser James gives an illustration and describes such a case, and Lennox Browne includes a cut in his admirable collection of colored plates of laryngeal diseases. A case very similar to Case III is reported by Marcet, except in that case the thickening of the ventricular bands resulted from abscess of the larynx, and was accompanied by paralysis of the cords.

A number of cases have come under my observation of more or less aphonia, from syphilitic ulceration and cicatricial contraction of the larynx, where the disease was confined mostly to the ventricular bands; but as there was some, and often considerable involvement of other parts, they cannot properly be mentioned here. I might also mention many minor cases of chronic hoarseness which I have found to be due to disease confined almost entirely to these bands. In many of these instances the ventricular bands will not appear, on a cursory inspection, to be the seat of any special trouble, for the reason that they do not project into the larynx, interfering with a clear view of the cords and parts below; but on a more detailed examination the base will be found to be thickened and greatly widened, obliterating the ventricles and pressing against the base of the vocal cords, as was found in Case V. They may also interfere with the free action of the cords in another manner, viz.: by pressing on the paraboloid fibers of the arytenoideus muscles which modify the tension of the cords.

In this manner can be explained the obscure cause of many cases of hoarseness, which has led Dr. Cohen to remark that "Hoarseness is sometimes present to a marked degree with very little evidence of disease in the cords themselves;" and "On the other hand the vocal cords may be deeply congested without producing a marked degree of hoarseness, and merely moderate hoarseness may ensue upon extensive ulceration of the tissues of the cords." These latter cases are to be explained by the lack of congestion or infiltration in the ventricular bands sufficient to interfere with the free vibration of the vocal cords.

TRI-STATE MEDICAL SOCIETY.

THE DRINK MUDDLE. By E. WILLIAMS, M. D., of Cincinnati, O.

In the restless and searching inquiries of this stirring age, the quest for the remote ancestor of our race—the primitive man—is the most absorbing. We no sooner find him than we ask with bated breath and palpitating interest, did he drink? If we can trace the drinking propensities of men to this first representative on earth, we have found a reasonably remote excuse for a bad habit. The meaning of "drink muddle" may not be clear to all present. By drink is not meant milk or water, for they never muddle anybody. Of course I mean alcoholic drink. But what is a muddle? It is a mixture of mental uncertainty and bodily shakiness closely allied to intoxication. Intoxication, very properly coming from a dead language, indicates the effect of a wound from a poisoned arrow, the poison being often of a serpentine origin. But not to put too fine a point on it, to be intoxicated is to be drunk. I drink—I drank—I am drunk—there we have it. Most of you know by experience or observation, or both, what a drink muddle is. These puzzling technicalities settled, let us dive at once into the history of drink. If in tracing back the devious windings of the tippling habit through all ages, somebody's feelings should be lacerated, or some favorite *ism* tickled, or some shrinking pocket rudely touched, it makes no difference. We are out foraging in the interests of truth and humanity, and whether you scout or applaud, the historical bummer will not stop to "smile." The occasion is too serious.

Mr. Pecksniff, who was not only a "bully of humility" but an oracle of wisdom, once opened his juicy mouth and said: "What are we but coaches? Some of us are slow coaches. Some of us are fast coaches. Our passions are the animals, and rampant animals, too. Virtue is the drag. We start from the mother's arms and we run to the dust shovel." Just before and immediately after this weighty utterance, Mr. Pecksniff took some refreshment and corked the bottle.

Now we propose to trace the wild career of the passion for

that bottle from which Mr. Pecksniff drew his inspiration. To observe the scientific order, let us begin at the foot of the ladder and interview the monkey on his tastes and promising aptitudes. He forms a conspicuous and significant exception to all other animals, in his natural love for drink. Darwin relates that many kinds of monkeys have a natural relish for tea, coffee and spirituous liquors, and that he has even seen them smoke tobacco. Other authorities say that the natives, in parts of Africa, capture the wild baboons by putting beer in their way. They imbibe freely and are captured when dead drunk. The next morning they are cross and snappish, hold their aching heads with both hands, refuse beer or wine when offered, but take kindly to lemonade. What a pregnant fact this is in the search for the missing link? The drink test is crucial. Let us take the same animal when he has been born into the non-caudal condition of progressive development.

Schweinfurth describes a wild tribe of people in Central Africa called Niam-Niam. When first discovered they were already addicted to intoxicating drink prepared from a common grain. Likewise in another district he describes the natives, as we would say, "on a bender," drinking "legyee." Whether on an occasion of "high contracting parties" he does not say, but tells of their musical instruments and the jargon that "beggared all the raging elements" and made him wonder to see what music might come to. Both in Asia and Africa drinks made from barley and other grains, and from the juice of the palm tree, have been freely used from time immemorial, and the same crimes resulted as we see now among civilized peoples.

Dr. Livingstone says of the people of South Africa: "The wives work for food while the men spend their time in drinking 'malova,' or palm toddy, which is the bane of the country."

James Samuelson, in his "History of Drink," says: "Instances might be multiplied indefinitely to show that savage races have probably had intoxicating drinks peculiar to themselves before they were known to the civilized world."

At least most of these savage peoples had their own crude drinks, and were in palate and brain prepared for the fire-water of the pale-faced civilizer. The vice of drunkenness is savage in its nature and origin. In the earliest records and traditions of the Chinese, pictures of excesses in drink and their fearful consequences abound. In the "Announcement About Drunk-

enness," in the time of Confucius, it is stated: "Our people have been greatly disorganized and lost their virtue, which can be traced to their indulgence in spirits." "Spirits are what men will not do without. To prohibit them and secure total abstinence from them is beyond the power even of sages." This was probably written 3,000 years ago and shows that the Chinese then felt the need of total abstinence societies. They drank from the horn of the rhinoceros and all classes partook freely of spirits on occasions of hospitality and at religious observances. In India about the same period the excessive drinking habits were much the same. They had an idea that their God Indra was close fisted with his blessings, till like mortals, he felt rich under the softening effects of drink. So they offered him rich libations and prayed to him to drink freely.

Great efforts were made by different rulers to check the making and use of drink, but as still in our day with indifferent success. The English in India have always encouraged the distillation of spirits and drawn from it and the opium trade enormous revenues.

In central India at certain seasons, like our Mardi Gras, the people of all ranks resolve themselves into a committee of the whole to get drunk in a religious festival. They drink *bang*, crowd themselves and throw red powder on one another till they are literally painted red. In very ancient times the Hebrews held the same views in regard to wine and strong drinks as other oriental nations. Beverages made from the palm tree, grapes and other fruits were freely used, socially and in religious ceremonies. The biblical intelligence of this audience will supply the examples. I would only say of Noah's indiscretion after his long sea voyage, that perhaps, like many now, he was tired of water.

As to the New Testament, one would almost think, from the frequent references made to them by many good bibulous people, that the only redeeming traits in it were the conversion of water into wine by the Savior and Paul's touching advice to Timothy.

The picture writings in Egypt show that drunkenness was common there at a very early period. Wine was offered to their Gods, and some amusing accounts of their drinking customs are given in the writings of Alexis, as quoted by Samuelson. "Last evening you were drinking deep, so now your head aches, go to

sleep, take some boiled cabbage when you wake and there's an end of your head ache." They considered that divine and mellifluous vegetable an antidote to the poison of drink. In Grecian history wine and its influence can be traced back to the mythical period. In the deeds and misdeeds of the gods wine was a common inspiration.

Schliemann found among the relics of Troy, a great variety of drinking cups and many drinking customs of the present day come from the classic age when Horace raised his undying monument under the sweet guidance of the muses. According to Pliny, wine was known to the people of Rome from its foundation. Faithful records of the drunkenness and debauchery in all classes of society, in the grand old Romam Empire, dampen somewhat our admiration for the classic heroes.

Delirium tremens, "sleep agitated by furies," was common enough, and Pliny says: "this is what they call seizing the moments of life; whereas in reality, whilst other men lose the day that is gone before, the drinker has lost the day that is to come."

Physicians received a good share of censure for prescribing alcoholic drinks to please their patients and secure patonage, a thing not unheard of even at this day. Gibbon deseribed the cowards that lounged about the forum to hear news and hold disputes; "who dissipated in extravagant gaming the miserable pittance of their wives and children and spent the hours of night in obscure taverns and brothels, in the indulgence of gross and vulgar sensuality." Samuelson, p. 100.

Now this sounds like some recent pictures of the Paris of America, on sunday nights, as given in our daily papers. As the curse of drunkenness contributes so largely to the downfall of Rome, shall the wise and the patriotic of our land stand still and see the glory of the free and unconstrained liberty of drink, whilst it does its perfect work? The savage hordes of Germany were famous for their intemperance before they overran the surrounding countries. Their natural drink, then as now, was beer obtained from fermented barley and wheat.

But the wines of Italy were a luscious attraction for them and Tacitus describes them as spending much time in drinking and carousing. This abuse of drink became so great towards the middle ages, that temperance organizations were established to counteract its destructive tendency. Trink-geld in its now wider sense, has come down to us bearing witness to the universal

habits of drink among that people. The Germans in the Fatherland and all over the world are a beer drinking and beer worshiping people at this day. Come what may, they will have their *saus and braus.*

The story of Hans Breitmann, who had a barty, illustrates their unparalled achievements in this department of civilization.

"Hans Breitmann joined de Toorners,
De ladies coomed in to see,
Dey poot dem in de place for de gals,
All in der gallerie.
Dey ashk where ish der Breitmann?
Und dey tremble mit awe und fear,
Ven dey see him schwingen by de toes,
A drinken lager beer."

This perpendicular drinking against gravity, the highest attainment yet reached in the gymnastics of civilization, would seem an up-hill business to less favored nations. The foaming beverage even tinges their philosophy:

"Some beobles runs de beautiful,
Some works philosophie,
Der Breitmann solfe de infinide,
Ash von eternal seprhee."

But soberer habits and wiser counsels prevailed, at a later day, to bless that remarkable race.

In England, the Anglo-Saxons, the Danes and the Normans, all contributed their share to the peculiarities of the common drinking habits. Mead made from honey, and a kind of ale, were their usual drinks in early times. Their drinking tournaments with dancing, and rude music with songs and pompous recitals of personal exploits, are familiar to readers of early English history. Drink then, as now, was a great leveler, and their promiscuous fights, without distinctions of caste or waiting for formalities of introduction, were the natural and frequent results. Drunkenness has been the besetting sin of the English people from their earliest times to the present. Intemperance, in its most revolting forms, curses the laboring classes. With the aristocracy and affluent classes, there is a great deal of so-called moderate drinking. It may be read as it blossoms in their faces and buds in their lordships' noble toes. Inebriety in them, once common to a proverb, is now rare. They drink a great deal more than is good for their health and morals, but open

drunkenness among the aristocracy is now seldom witnessed. England's national reputation for drunkenness is due mainly to the fearful amount of the wildest dissipation and crime among their sailors and dock laborers, in the large seaport cities. Inebriety, once excused as a pardonable weakness, is now regarded with growing disfavor by all classes of society.

But let us come nearer home. In this "land of the free and home of the brave," what kind of a cue do we cut? I must say a very sorry one just now, at least in California. There was a good old chivalric time when everybody drank and there were no temperance fanatics to disturb the *placid* dreams of the drinker. Liquors were kept in nearly all private families, and hospitality meant drink first and last. Many men now living will be able to call up visions of log-rolling, musters, elections, gander-pullings, horse-races and other refined amusements, of fifty or less years ago. They were jolly, high old times of drunkenness and wild sports. Liquors were then cheap and to be had everywhere, and few people looked upon the habit with much repugnance.

I have given this brief summary of the history of drink, drawn mainly from Samuelson, in order to show the magnitude of the evil, and its early and extensive prevalence among all peoples, having its origin in the infancy of the race. Drink seems to have followed the advice of Horace Greeley and gone East, West, North, South, by land and by sea, and grown up with the country. Since the daybreak of history, alcoholic beverages and their abuse have been marked as a crimson path of vice, murder, outrage, violence and a fearful category of bodily and mental diseases. This habit so early learned, so universal in its range and so disastrous in its consequences, has been attributed to an inborn desire for stimulants, similar to the natural craving for food. The plain facts of history do not bear out this position. Dr. N. S. Davis, of Chicago, comes nearer the truth, perhaps, when he says, "that man was created with a susceptibility to feelings of anxiety, pain, sorrow, weariness, weakness, heat, cold, etc., and an intelligent desire to be relieved from all such unpleasant feelings." This desire prompts him to seek the means that bring relief. When he hits on that, which he seems to have done so early and so hard, and finds it very full of comfort, he passes the experience to another and so it spreads like wildfire. The prevalent use of opium, haschisch, tea, coffee and

tobacco have originated in the same way. They are not suggested by natural desire, but found out by lucky or unlucky accident. If the primitive baby was born with a direct thirst for the substantive thing called alcohol, and feels woeful till it gets it, and woefuller afterwards, then nature made a slight mistake in the chemistry of her preparations. We can easily settle this question by interviewing the first newly arrived baby or calf we meet. Put the foaming beer into his bottle instead of the sincere milk of the mother or the cow, and see how he likes it. Children certainly do not show any natural desire for drink, but they are apt enough to learn it. The thirst for intoxicating drinks is artificial. The appetite is created by the habit and grows with indulgence into an all-absorbing passion. Men differ very much in their natural powers of resisting its fascinations and consequences. But we are *coaches,* all of us, just the same. Some with phlegmatic nature and no hereditary predisposition, may run as slow coaches, through a long lifetime of moderate drinking, and never upset or run off the track. But another perhaps more generous by nature and weaker by inheritance—having the fatal drink appetite fastened upon him by his dissolute ancestors—or with the tendency to insanity, epilepsy and other nervous disorders—will burst out into a blaze of frenzy, even in his earliest cups, and his wild passions will drag him through the world, spreading terror and desolation on every side, till they wreck their victim in premature and disgraceful death. These are the rampant horses and the fast coaches. Only last week I saw a runaway of this sort. The man was zigzagging the sidewalk on Elm street, shouting lustily—*railroad! railroad!* evidently enjoying his high prerogative of clearing the track. Of course he soon ditched his train. Now no man knows by natural gift whether he is a fast or slow coach. If he is curious to find out, let him begin by firing up his horses with whisky. But even at this early stage of the business, his coursers may dash away with him. He finds by trial what he is, and that his horses are not safe, but it is too late.

In the great movement of reform in the use of alcohol, initiated in the United States within this century and now agitating England, Germany, Sweden, and nearly every other civilized nation, it is of prime importance to start out with a correct idea of the vastness of the evil and the fatal grasp it has upon com-

munities. Thus only can we realize the magnitude of the undertaking to regenerate men of depraved appetites and alcoholic constitutions, to habits of sobriety and decency. The sober truths of history, and every day observations, are the only plea needed for this philanthropic enterprise. Overstatement is not required and hardly possible. Look at a life picture of the crime, misery and disease directly and unmistakably linked with the use and abuse of drinks, and it is not easy to be too "flowery on the subject." It is a life picture of death and a ghostly future. Efforts to stay the scourge, against the social habits, prejudices and enormous interests involved, appear like an insane endeavor to butt one's brains out against the skies! *There* is an arena large enough for the highest philanthropic tumbling among the great reformers. I have a great admiration for the "*temperance fanatics.*" There are few men with heart, capacity and foresight equal to such a stupendous work. All honor to the prescience that sees the rock of danger, and as the ship of state reels and staggers under the fatal load of liquor, lies, fraud, perjury and unscrupulous partisan demagoguery, shouts *breakers ahead!!* and sends the flashing signals of alarm high and blazing in the air! Would to God that the world were full of such patriots! The uppermost spirits of the day are quacks! Quacks in medicine—quacks in politics—quacks in religion—quacks in science —quacks in everything!! Taking the kingdoms of the earth by violence, their brazen effrontery would storm the kingdom of heaven, and failing to humbug or intimidate Peter, they would throw him a sop of bribery! Dr. Beecher once said: "God is long suffering, and his mercy endureth forever! But God is not a fool. He can not be mocked." Men may placard tree boxes and board fences—yes, even the vault of the skies—with their lying handbills and their newspaper sensations and advertisements, but God can see round and over and through them all and He will reward all men according to their works. Men *with men*, may whip the devil round a stump with bewildering success, but to a higher eye the stumps and subterfuges of life are all transparent. In such a crisis, human struggles may seem foolish and mortal prayers but empty breath, but rest assured God, in some way, at some time and somewhere, will bring these workers of iniquity to grief! So let us have hope in the future and fight the devil with heavenly fire!

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The medical profession has long realized this vital imperfection in all extracts of meat, and desiderated a food for invalids which shall combine the stimulative and nutritious properties of Beef, and be at once palatable and easily digestible. THIS PREPARATION CLAIMS TO MEET THE WANT. It has been submitted to the most searching chemical analysis by the leading analysts of Great Britain, and has been adopted in their practice by the highest medical authorities, all being as one in their appreciation of its substantial merits. It is now offered to the notice of the medical faculty of this country and to the general public, with full confidence that it has but to be known to be popularly accepted.

To obtain a perfect Beef Tea, it is essential that the albumen and fibrine (which are the flesh-forming or nutritious qualities of meat) shall be added to the extractive or stimulative qualities, and that these shall be present in a form admitting of easy digestion by the most capricious and irritable stomach. This is the theory which led to the preparation of "JOHNSTON'S FLUID BEEF" (the only meat extract which fulfills all the conditions of a perfect food.

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DIRECTIONS FOR USE. Add a small teaspoonful to a cup of boiling water, and season to taste: or as a sandwich paste it may be used on toast, with or without butter The can may remain open for weeks without detriment to the contents.

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The question naturally arises if maternal impressions possess the power of determining changes in the unborn, at what stage are they most operative, and does their action cease as pregnancy advances?

We believe these influences to be more powerful during the earlier weeks and months of pregnancy, otherwise nature would be compelled to undo what she had already accomplished, thus moving in direct opposition to her established laws of order and progression.

Dr. Tyler Smith says that "The whole human fabric is the result of *fission* an innumerable number of times repeated, of the single fertilized embryo cell."

In the plastic state, with a rapid aggregation of cells, though the connection with the mother might not be very intimate, how reasonable that through undue disturbance of the presiding centres, changes of supply and demand might be determined. Later the embryo, as it were, attaining individuality and solidity, and becoming better prepared to resist arbitrary changes.

An interesting fact, and one difficult to account for, is exhibited in the resemblance borne the father of the first offspring, by the following progeny, the latter being by a different father. This is commonly observed in the inferior animals; indeed, it is well recognized, and accepted by farmers and stock raisers. We are prepared to accept the same theory of mental impressions through the nervous system of the mother in explanation of these results.

We believe that abnormalities of the pregnant state occur, which can by no means be ascribed to the effect of maternal impressions, for instance the bearing of twins, double monsters, and hereditary diseases. Double monsters are shown by microscopical examination to originate in a single ovum. Dr. Dunster says "If we assume that a double primitive trace is laid down on a single ovum, or that a single primitive trace splits by fission, more or less completely into two, we can easily account for the formation of double monsters, for first the sex must be the same, and second the union will be homologous."

We sometimes find abnormalities of the fœtus from a knotted condition or an encircling of the cord around one extremity. I have within the last few days received a letter from Dr. S. S. Thorn, of Toledo, who gives the following account of a case in point: "I have now in my office a four months fœtus, cast off

because of impeded circulation through the cord. The cord surrounds the left thigh, in the lower part of the middle third, the loop being a single knot. At delivery there was considerable constriction at this part, the thigh and leg being much reduced in size below the constricting band. Amputation was evidently under way." This is a fair illustration of the effect of a purely mechanical cause. We are justified in regarding such cases as extremely exceptional, and believe that when amputations occur as a result of maternal impressions, it is by an absorption of the part, the process being determined by the forces regulating nutrition and residing in the vital fluid.

All who contend that amputations occur solely as a result of constrictions, readily admit that the amputated extremities are scarcely if ever found on delivery, and believe that after amputation they are absorbed. I would ask if these forces are capable of accomplishing absorption after amputation, why may not the same forces operate prior to such an event; in fact why should the constriction be by any means necessary? Going behind all this, however, will any assert that these bands or adhesions must depend upon a local diseased condition, and may they not rather have a prime cause in disturbances of the nervous centres, which unquestionably preside over the whole process of conception and pregnancy?

Could we show beyond cavil that the nervous forces operate upon the unborn in the grade of animals, next to men, their applicability to a higher order of life, would convey some force.

Sacred writ teaches that the Patriarch Jacob ignorantly yet successfully availed himself of the device of erecting wattles before his watering troughs, the rods being alternately white and dark. Here the sheep during conception and pregnancy drank, with the result of producing a large per cent of ring-streaked and speckled progeny, thus depleting old Laban's flocks.

It is contended by sportsmen that the bitch, in order to produce a sagacious and ready progeny, should be hunted during pregnancy, and I can give it as my experience that among such offspring I have found the best hunters and retrievers.

I hold in my hand a specimen kindly furnished me by Dr. J. H. Letcher, which he denominates the elephant pig. Examination discloses the skin, head, trunk and ears of the elephant. It possesses the following history: It was pigged some months ago, and brought to Dr. Letcher, who, on inquiry, learned that about

that and you will recover your eyesight. Failing to do it, you will soon be shut up in total and hopeless darkness. If he believes you and has enough will power left to *take the medicine*, he will get well. The chances are he will go away sorrowful and drink his eyes and probably his brains out. This is but one of the many affections of the eye, produced directly or indirectly by drink, and they are all more common in habitual drinkers than in violent drunkards. All authors are in accord, on the great frequency of organic diseases of the liver, kidneys, heart and lungs in alcoholic subjects and their sad effects on individual and race longevity. But the noblest and subtlest organ, the brain, with its matchless functions and capacities, how surely and fatally it suffers, both in drinkers and in drunkards.

Acute inflammation of the brain and its coverings are often directly traceable to drink. But the slow and insidious development of softening of the brain and spinal cord and other organic and incurable lesions, resulting in apoplexy, paralysis, epilepsy, imbecility, insanity, is as sure to come as effect follows cause.

Dr. Henry Maudsley in his Responsibility in Mental Diseases, says: "while we must admit hereditary influence to be the most powerful factor in the causation of insanity, there can be no doubt that intemperance stands next to it in the list of efficient causes: it acts not only as a frequent exciting cause, where there it hereditary predisposition, but as an originating cause of cerebral and mental degeneracy, as a producer of the disease *de novo*.

If all the hereditary causes of insanity were cut off and if the disease were thus stamped out for a time, it would as surely soon be created anew by intemperance and other excesses."

Further on the same graphic writer says: If men took careful thought of the best use which they could make of their bodies, they would probably never take alcohol, except as they would take a dose of medicine in order to serve some special purpose. It is idle to say that there is any real necessity for persons who are in good health, to indulge in any kind of alcoholic liquor. At the best it is an indulgence which is unnecessary; at the worst it is a vice, which occasions infinite misery, sin, crime, madness and disease.

Short of the patient and undeniable ills which it is admitted on all hands to produce, it is at the bottom of manifold mischiefs that are never brought directly home to it.

How much ill work would not be done, how much good work

would be better done, but for its baneful inspiration! Each act of crime, each suicide, each outbreak of madness, each disease occasioned by it, means an infinite amount of suffering endured and inflicted, before matters have reached that climax."

Such are the pregnant utterances of an Englishman and one of the best writers on insanity in the world. Now whether we call the drunkard a "sinner" or "a patient," makes no difference in the effects of his habits upon himself, family or society. When it come however to the practical question, what will you do with the inebriate and how will you control or suppress the evil of drink and its consequences, it makes a radical difference. The treatment of the drunkard and the means of preventing drunkenness, would be moral and legal in the one case and medical and legal in the other. In the one, the inebriate personally would be sent to the prison and in the other to the hospital. Another, but very small class of inebriates, would with common consent be confined in a lunatic asylum, as dipsomaniacs. It will not do to say that every drunkard is a lunatic or a diseased person, because in his lucid intervals of freedom from alcohol, he often shows no evidences of either.

Their artful pretense of want of power to control themselves, is but a palliation. Dr. Bucknill refers to a college acquaintance at Rugby, who quit drinking for a year, on a wager. On the evening of the last day, he received his reward, turned again to his cups and drank himself into the grave. The confirmed inebriate soon becomes thoroughly diseased or insane, or both, but except when he shows other evidences of insanity, than the alleged ungovernable thirst for drink, he is a drunken sinner and that is the least you can say of him. In his sober moments and senses, he seeks temptation, intending to fall and knowing the effects it will have upon him. He is then neither diseased nor insane, but vicious. With few exceptions insane persons are not aware that they are crazy. But the morally bad man is quite aware of his vice, and unless hardened in it, regards it with remorse. He may experience regret that he is sick, but can not feel remorse. The drunkard tipples because he like the taste and effects of the drink, wilfully, as he commits any other crime.

True, in time both bodily and mental disease comes upon him, bringing him to an early grave or incurable lunacy. But he was responsible for the habit which brought them. Whether the taste for drink is natural or acquired by habit, makes little

difference in the responsibility and none in the effects. Whether the magnet be natural or induced, it makes a point of dipping to the pole.

When the coil of evil associations fastens itself around the young man, the fatal fascination for drink takes possession of him like an evil spirit; as it is, the magnet does not point more faithfully to the polar star, than he turns blindly to his cups. I have very little faith in the final cure or reformation of a habitual drunkard. I say this after a long professional experience. The many boasted and boosted inebriate asylums, established on the voluntary principle and disease theory, have proved a failure. They are usually luxurious places where voluntary inebriates voluntarily go "to pick up" for a time. In spite of the good people who establish these good homes for the lovely and good inebriates, where temperance songs and exhortations to turn to nobler and better ways and quit grog are the chief influences relied on, these "facile, sensual, irresolute liars, devoid of the rudiments of conscience, self control or true affections," turn again to their evil and accursed habits, with greater desperation than before.

If the drunkard can not be charmed from his destroyer by temperance songs or "coddled" into a sober, good citizen in reformatories, public or private, what shall be done with him? The doctors know what to do with him after he is dead, and on a pinch, the chemist might distill him, but as a live elephant where and how shall you house him?

1. I would take away from him the control of his property and preserve it for his suffering wife and children.

2. I would deprive him of the right of suffrage.

3. I would have every man found drunk on the streets or anywhere else, arrested like any other criminal and put at work in forced confinement.

4. I would enforce severe and certain penalties against any one who might sell spirits, in any shape, to a habitual drunkard or an intoxicated person, or a minor.

5. By education and all other means, I would put the ban of public disfavor on liquor drinking and the traffic in all its forms.

These few and earnest regulations, approved, as they ought to be, by every right thinking and right feeling person, and en-

forced, as they then might be, would immediately and greatly mitigate the nuisance.

Besides these means, I would advocate a restrictive license law of some practicable kind, making it more and more stringent as the public advance in intelligence and virtue, so that it might be enforced.

I have no time to discuss plans, but only principles. By all possible means I would try to create a public sentiment inimical to the fearful abuses of the trade in liquors, wholesale and retail. I would encourage temperance movements of all kinds, especially among children and young men, thus preventing the renewal of the rich crop of drunkards now being harvested at so much expense, sorrow, suffering and crime. I would abate the common, low tippling saloons now cursing large cities at every corner, and often by dozens on every square, by a rigid license law. I would take away every possible temptation to drink that could be removed with propriety and for the public good. I would discourage what Dickens calls "perpendicular drinking," after the prevalent method at the bars of hotels and other places at all hours of the day. If people who will drink alcohol would only take it after meals and never between or before meals, it would be vastly less injurious.

I would encourage the substitution of light, pure wines, beer and cider, and especially tea and coffee, for the strong alcoholic drinks, by public education and discriminating legislation. I would strenuously advocate the legal closing of all drinking resorts, at least as early as 10 o'clock in the evening, and not allow them opened before 7 or 8 o'clock in the morning. For the sake of common decency and public order, I would urge that all saloons be closed on Sundays and election days. To compensate for these evil and common resorts of the poor and working people, I would advise all churches and benevolent associations to open reading and amusement rooms where innocent games may be allowed, and where good tea, coffee, lemonade and other harmless drinks might be had at very low rates. Above all, I would throw open to them all the libraries, museums, picture galleries, and other innocent and profitable places of resort, on Sundays. In short, I would depend more on preventing drunkenness than on reforming drunkards.

I would try to stir up the honest, decent, patriotic people of all religions and politics, to help break the fatal debauching alli-

ance between the powerful "drink interest" and the State and general governments.

But what are the duties of the physician in this burning question? Some will say at once, we have nothing to do with the evils coming from the *abuse* of alcohol. The *right use* of it is a social custom that does no harm. But pray, what is the right use of it, and where does that end and the other begin? No son of Esculapius, however wise and learned, can answer with any certainty. Right use in one is abuse in another, and no safe boundary can be fixed. The abuse and its evils are enormous and incalculable. The right use is an uncertain quantity of fractional denomination, followed by a long and loud interrogation point. Well, the medicinal use of alcohol is right and proper at all events. But what are its medicinal uses? The rigid and more exact methods of accurate observation, chemical analysis, physiological experiment and pathological study, have narrowed the limits of its therapeutical indications very greatly. The highly dangerous and unscientific method of prescribing beer or wine or whisky, without strict regard to quantity and composition, or time of continuance, should no longer be tolerated. Then the direction so often voluntarily given, or artfully obtained by the patient, to take as much as you feel you need, leaving to the discretion of the patient the most dangerous article ever used in medicine, and one that creates a morbid want and steals away the last grain of discretion, is highly reprehensible. The extremely uncertain amount of alcohol taken, its frequency, time of continuance, and the susceptibility of your patient to its poisonous influence, are all unknown quantities, and science looks on such insane and criminal folly perpetrated in her holy name, and cries shame!

Thousands of cases of hopeless drunkenness can be traced to the loose way in which physicians so flippantly prescribe drink. The same is true of opium eating. There is a crying need of reform and reformers—of professional fanatics—of crusaders even—in our profession. In the meeting of the International Medical Congress at Philadelphia in 1876, Dr. E. M. Hunt, of New Jersey, read an elaborate paper on "Alcohol as a Food and Medicine." His conclusions, justified by the scientific sentiment of the profession, are as follows:

"1. Alcohol is not shown to have a definite food value by

any of the usual methods of chemical analysis or physiological investigation.

2. Its use as a medicine is chiefly that of a cardiac stimulant and often admits of substitution.

3. As a medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration or for the enormous evils arising therefrom.

4. The purity of alcoholic liquors is in general not so well assured as that of articles used for medicine should be. The various mixtures, when used as medicine, should have definite and known composition, and should not be interchanged promiscuously."

I pray you, gentlemen, have these facts printed in large letters and hang them over your sheep-skins; read them each day, and repeat each time the benediction—"God be merciful to me, a sinner." Remember the weaknesses of men and their infernal ingenuity in finding pretexts for the gratification of their appetite for drink. Why, drinkers are as clever in finding excuses for drinking as the boys arraigned before their school teacher for smoking. One smoked for juvenile asthma—another for toothache—another for cramp colic—another for water brash—and so on to the last and biggest boy of all. Well, my brave boy, what do you smoke for? After a moment's painful hesitation, the category of diseases being about exhausted, he shouted —I smoke for corns, sir!

SOUTHERN ILLINOIS MEDICAL ASSOCIATION.

Hot Water in Uterine Hemorrhage. By W. R. McKinzie, M. D., of Chester, Ill.

Although my experience with hot water as an anti-hemorrhagic is somewhat limited, I am convinced that it should hold a prominent position in the category of hæmostatics. Time being limited, I will embody in this brief report the simple facts connected with one case in which hot water injections acted "like a charm" in controlling the gravest case of metrorrhagia which occurred in my entire experience.

It is that of Mrs. T., age 31, married, who has been thrice delivered at term, twice of healthy, living children, the third stillborn. From that time on she aborted; once, twice and even oftener every year until last spring about the first of May, when she aborted in about the second month of gestation, and became a victim of persistent uterine hemorrhage, notwithstanding the faithful use of everything at our command for controlling it, such as ergot in full doses, gallic acid, cold applications over womb, astringent vaginal injections, tonics and rest.

On examination, having found sub-involution and slight anteversion of the womb, I resorted to intrauterine application of Churchill's tincture of iodine, together with the above described internal treatment.

For a time I thought my efforts would be attended with success, not only in controlling the hemorrhage, but also in restoring the uterus to its normal condition, and thereby remove the cause of those frequent abortions, which seemed to be habitual, were that possible. By the way, I think "habitual abortion" is a misnomer, since there is always a diseased condition of the womb, acting as a cause, which disease might be the result of the first abortion. In the course of a few weeks, the case was so much improved that I considered it safe to discontinue the local treatment for a week, at least, having occasion to be absent for that length of time. The patient did comparatively well for about ten days, when the hemorrhage returned with more violence than before, whereupon I resorted to the same treatment

again, with glycerite of tannin alternated with the iodine. The patient again improved so much as to be able to sit up and walk around, but, as before, the improvement was followed by an attack worse than at any previous period, making it necessary for me to visit her about a dozen times in the twenty-four hours, so alarming was the hemorrhage. Used sponge-tent and tampon —the latter several times; then applied Monsel's solution of the sub-sulphate of iron, half and even full strength, to the internal surface of the womb, and failed.

Having already tried in vain the entire anti-hemorrhagic treatment at our command, I concluded to try the "cooking process," as it is called—the injection of hot water—an agent in which, prior to that time, I had no faith whatever, so far as its effect in controlling hemorrhage is concerned, although as an anti-phlogistic, I have had the most gratifying results from its use. In chronic diseases of the uterus and its appendages, I think the injection of hot water, when properly administered, is equal, if not superior, to any other remedial agent that can be employed, since most of these diseases are the result of a loss of tone in the venous circulation throughout the pelvis. Heat, by reflex action, causes the capillaries of the vagina to contract, the tonic effect of which is extended to the coats of the larger vessels, whose calibre in turn becomes lessened, and thus diminish the congestion.

In using the hot water, I placed the patient in the usual position for examination with Sims' speculum, and by means of a Davidson's syringe, injected water about 100° F. into the neck of the womb, holding the nozzle within an inch of it, lest I might too forcibly dilate the uterus and allow water to escape into the peritoneal cavity. The hemorrhage was almost instantly arrested, and remained so for several hours, which was not the case for some time previous.

I continued the daily use of hot water injections for some two weeks, when the patient completely recovered. At present she is enjoying better health than for years, and the cervix looks perfectly healthy.

My experience in the use of hot water in uterine hemorrhage is limited, and, of course, I claim nothing new, but simply repeat this case with a view of corroborating what has already been claimed by many others within the last few years, namely:

That in the use of hot water as a hæmostatic a great discovery has been made.

Of the use of hot water in post partem hemorrhage, Playfair says,—"of late, intra-uterine injections of warm water, at a temperature of from 110° to 120° F. have been highly recommended as a powerful means of arresting post partem hemorrhage, often proving effectual when all other treatment has failed. The number of published cases in which it has proved of great value is now considerable.

The present master of the Rotunda, Dr. Lombe Atthill, has recorded sixteen cases in which it checked hemorrhage at once, in many of which ergot, ice, and other means had failed. He speaks of it as especially useful in those troublesome cases in which the uterus alternately relaxes and hardens, and resists all our efforts to produce permanent contraction. My own experience of this treatment is too limited to justify my giving a decided opinion on its merits; but I have tried it in two or three cases, and in them the result certainly exceeded my expectations. I think it cannot be doubted that we have in these warm irrigations a valuable addition to our methods of treating uterine hemorrhage."

SATURDAY, APRIL 17th, 1880.

ST. LOUIS MEDICAL SOCIETY.

DR. PREWITT—Some two weeks ago, I saw a little child thirteen months old who had a tumor upon the buttock of the right side. The mother said that it had been growing for six weeks only. The tumor was larger than my fist, soft and somewhat more elastic than a nævus, and had not exactly the feel of a fatty tumor, and the rapid growth, as indicated by the history, led me to think it might possibly be malignant, but the good condition of the child contraindicated that, and I aspirated it and got only some venous blood. I concluded the mother was wrong in her history of the case; that it had been growing longer, but that she had not observed it, and I concluded that in spite of the fact that I could not empty it of blood, that it must be a sub-cutaneous nævus, and even with the uncertain history which she gave me, I thought it was growing and determined to remove it. I suspected it would be rather a bloody operation for a young child, but the father was anxious to have it done. On making my incisions I found it was a sub-cutaneous nævus undergoing cystic degeneration. Some of the cysts were filled with a clear fluid, and some of them with a turbid fluid, while a portion of them were dilated vessels which we expect to find in nævi. The tumor was situated just above the tuberosity of the ischium and I dissected it from off the surface of the gluteus muscle. The child is nearly well.

DR. BERNAYS — Did the tumor extend over towards the coccyx?

DR. PREWITT—No, rather forwards and downwards. A tumor of that kind is not always easy of diagnosis, and I certainly felt a good deal of doubt about the diagnosis. The characteristic of a nævus is, it has a fluid feel; it is capable of being emptied of its blood and has a tendency to slowly fill again. But I was unable to empty this. Its character well shows why I could not empty it, as it was undergoing cystic degeneration, and the cysts could not be emptied, of course. This is not an uncommon result in these cases.

THE PRESIDENT then announced that Dr. Gregory would read the paper of the evening.

Tumor of Sciatic Nerve----Fracture of Infra-Maxillary in a Child Two Years Old ---- Removal of the Ramus of the Jaw----Case of Hermaphrodism ---- Ligature of the Carotid Artery---- Two Successful Cases of Ovariotomy.

Dr. Gregory said—I am of the opinion that there are too many papers, just as there are too many medical journals, and therefore I have not written a paper; but, if the Society will listen, I will relate a few extraordinary cases which occurred in my practice lately:

Some weeks ago I gave to my friend, Dr. Bernays, a tumor which I had removed from the sciatic nerve of a patient who had suffered for several years with neuralgia of the sciatic nerve. The tumor was palpable from time to time. I became satisfied from the symptomatology that it was connected with the sciatic nerve. After trying external applications, the lady consented to have the tumor removed. I enucleated it from the sciatic nerve. It was a tumor of about the size of a hen's egg. The lady recovered and is herself again. I think I pulled on the nerve considerably in cutting it out, because I had the nerve completely beyond the surface of the body; had it well exposed and enucleated it very carefully.

I am treating at this time a fracture of the jaw in a child less than two years old. The child has had the whooping cough constantly, cries when I am present so that I have never been able until to-day to discover whether the jaw was in position or not, but to-day I discovered that everything was all right. The fracture was the result of direct violence. It was the first instance of the kind that I had ever seen. I used an ordinary cup-shaped splint made of binder's board, and applied Barton's jaw bandage—a most desirable and ingenious application of the roller, and when properly applied is unquestionably the most secure bandage that was ever applied. I often wonder that a man with the ingenuity of Barton could at an early period of his life have deserted his post, because to-day his name stands first on the list of American surgeons for his exceeding ingenuity in the particular department which he adopted, and many things which he introduced, and many things which he taught, surgery is proud of to-day.

A few days ago, I removed the ramus of the jaw for a tumor

in a child less than eight years old; I removed it without opening the mouth. [The specimen was presented to the Society.] I began the incision just half an inch in front of the ear over the zygoma, and carried it out to the angle of the jaw and forward to the median line. I went right down to the ramus, and then with a pusher, an instrument very much like an oyster-knife, I pushed the periosteum off the bone until I was enabled to divide the bone as you see there, in front of the ramus. After dividing the bone and pushing the periosteum well off the ramus, I pulled the fragment down and pushed the temporal muscle off the coronoid process, to which it is attached, and then pushed the pterygoid muscles off from the inner portion of the jaw and removed the bone without a particle of the soft parts. The mucous membrane was intact.

I saw to-day another case of which I have never seen a counterpart. A person, nineteen years of age, presented himself at my office—a handsome person with the configuration of a man, and having a beard. Upon examination, I found he had a perfect vagina and female urethra; the labia, internal and external, perfectly formed, and a diminutive organ corresponding precisely to the anatomy and occupying the site of the clitoris and projecting out beyond, so that I supposed it was about the size of my thumb. It was erectile when I examined it, and I think it was about as long as my thumb. The glans penis was perfectly formed but the meatus was wanting, and the corpus cavernosum was wanting. There was a notch corresponding with the meatus, and upon pressing this back under the pubis, the urethra was easily made out. There was nothing like a uterus, and the vagina terminated about three inches from the surface in a seeming culde-sac, so that the finger in the rectum could easily feel the catheter in the bladder, showing that there was no uterus between the finger and the instrument. There was no bloody flux —no menstruation. No development of the breast; no testis, that could be found. He has precisely the feelings of a man, and has experienced the orgasm occasionally, and has been guilty of self-pollution. He is anxious to get married, and the question was very pertinently asked whether he proposed marrying a man or a woman. I told him I could not advise him to get married. He asked me if I thought there was any danger of his transmitting his peculiarity to his progeny, and I told him I thought there was some danger, because I really thought it

was my duty to dissuade him, and it was a question whether he could not be much more readily converted into a woman than into a man, because the removal of this rudimentary penis would leave him, so far as appearances go, a perfect female. The labia were perfect, and it is remarkable that whilst he has precisely the general configuration of a male, with local appearance of a female, he is a handsome man, and has a beard and a voice like a male.

Dr. Dudley—Any evidence of testicles in the abdomen?

Dr. Gregory—None that I could discover. The case is still under observation, and any gentleman who wishes to see him or her on Tuesday or Thursday, at 11 o'clock, may do so by visiting the Sisters' Hospital. He had a great aversion to being exposed, but he consented to go before the class with a handkerchief over his face.

Dr. Mudd—What operation do you propose?

Dr. Gregory—Well, the only operation that has occurred to me as practicable is to dissect up the loose integument that corresponds to the urethra on either side and attach it to the present urethra. Now I know that the border of the present urethra must be necessarily very narrow, and the fact that a union of flaps might very likely fail if I were simply to dissect them up, would still leave the difficulty of keeping open the old urethra, and I thought the best way would be to dissect up the integuments from the borders toward the center, leaving a sufficient connection in the center to insure the nutrition of the flap, and to turn the border over on it in the median line, leaving the integumentary surface to correspond with the prepuce of the urethra. This was the only thing I thought of. If he insists upon an operation, something of that kind may be attempted, but I am certain it would be much easier to turn him into a woman than into a man.

I have seen within the last two weeks a case of traumatic aneurism, involving the carotid artery, evidently an artero-venous aneurism. There is a peculiarity which attaches to these artero-venous aneurisms which it is very hard to characterize. In this case, I ligated the carotid artery well down in the root of the neck below the hyoid crossing, but the man's occupation was such that I thought it was dangerous for him to go back to the

country. A peculiar purring—a venous purring has returned. Perhaps there is some small vessel which is in some way or other connected with this pulsation of the artery. This peculiar unpleasant sound, which I think is connected with the vein, is still present notwithstanding the obliteration of the carotid artery.

Finally, I will report two cases of ovarian tumor, both of which are getting well. They are the only two cases of consecutive recovery that have come under my observation. In one of the patients the tumor was very large, weighing eighty pounds. In the other the cyst held two buckets full of fluid, and every line of the cyst was adherent. The adhesions were broken with the finger and occasionally clipped with the scissors. The patient who had a tumor of eighty pounds never had a temperature above 100°. She is now without fever, and it is nearly two weeks since the operation. I will say these cases were operated upon under all the usual antiseptic precautions. I am not certainly prepared to say that the success resulted from these precautions, but I believe that in the present feeling of surgery, it is best to make use of them. Carbolic acid has been kept in the room ever since the operation.

DR. BORCK—How strong a solution did you use?

DR. GREGORY—A 20 per cent. solution.

DR. PORTER—In the case in which you ligated the carotid artery how long did the purring stop?

DR. GREGORY—Two or three days.

DR. PORTER—Is it as loud now as before?

DR. GREGORY—Well, I believe it is. It is a very mysterious thing, and very unpleasant to the patient. As long as he is up he does not pay any attention to it. The slightest pressure destroys it, and for that reason I suggested the wearing of a scarf, the pressure of which destroys the sound.

DR. BERNAYS—With regard to the tumor which Dr. Gregory gave me, I found it to be a myxoma which had undergone degeneration. No other case of ovarian tumor weighing eighty pounds has ever been removed successfully in this State. In fact there have, perhaps, been only a dozen cases that have been operated on in the world, where the tumor was so large. I remember one case of a tumor weighing ninety-six pounds,

which was successfully operated upon. I have operated on three cases, and the result has been encouraging. It has been supposed that the climate of the Mississippi Valley was unfavorable to these operations. I do not think that the use of antiseptics will explain the success of my cases. Bacteria will live under a spray though not in a 20 per cent solution.

Floating Cartilages.

Dr. McPheeters related the following cases of floating cartilage in the knee:

Both of these cases were in females. In one of these cases the lady has been subject to rheumatism to no very marked extent. The other has suffered to a marked degree. This lady complained to me for some time of a pain in her knee. Then she complained that when she came down steps or when she was walking the street, that the knee would give away, and that she would fall, and this was accompanied by a sickening pain. When I ascertained these facts I examined the knee, and I found a small floating cartilage well marked, which of course explained the fact of her falling and tripping as she did occasionally. Now the treatment laid down in the books as far as I have examined them, is either to confine these cartilages so that they will not interfere with walking, by a bandage, or to remove them entirely. Now, as it is impossible to simply bandage the knee to fix the cartilage without interfering with the flexibility of the joint and locomotion, and, on the other hand, as the operation of removing it is attended with some danger, I wish to inquire whether there is not some more favorable method?

Dr. Borck—What kind of bandage did you use?

Dr. McPheeters—Well, several different kinds; first, the rubber.

Dr. Gregory—Dr. McPheeters has described the symptoms very graphically. I would suggest to the Doctor that he might use a piece of adhesive plaster, and cut a hole in the adhesive plaster to receive the cartilage, and make it fast around the limb. It is said that if held in this position for a time it will disappear. In the cases I have operated on I have forced the body up (generally the patient knows how to do it) and then I cut square down upon it. I have my splints and my plaster all ready, and put on a plaster cast at once, so that there is no movement

from the time of the completion of the operation until the time when the inflammatory danger is passed. I have never had any complication, and I have operated twice on the same individual. Once when I was operating on him the cartilage slipped away and I had to wait several hours before it re-appeared.

DR. MCPHEETERS—I thought of the adhesive plaster, but there is a difficulty in making it adhere in a very flexible part of the body, and I thought it would be liable to the same objection as the bandage—the difficulty of keeping it *in situ*.

DR. PREWITT—That it is dangerous to open any joint is well known, but under antiseptic measures the results are sometimes excellent. In speaking of ovariotomy, I suspect that the success which Dr. Gregory had in these cases was fully due to antiseptic measures. Mr. Keith speaks very highly of it. The German surgeons, as a rule, are enthusiastic about it. Subcutaneous wounds rarely ever give rise to suppuration. In simple fractures for example, we have a great subcutaneous wound, and yet the patient's life is very rarely imperiled; but the moment that there is a wound communicating with the fracture, the case assumes a much more serious aspect. If, in any way, we can obtain the conditions of a subcutaneous wound in all cases so as to keep out from the wound the germs or whatever it may be which gives rise to putrefaction, it will certainly be an immense advance. I must confess that I should hesitate very much to cut down upon the knee-joint and fix this cartilaginous body and remove it under antiseptic conditions; I must confess that I should hesitate very much, because I would believe that in doing so I would imperil my patient's life. I should much prefer to remove the cartilaginous body subcutaneously.

DR. BERNAYS said he considered Dr. Gregory's method of perfect rest much superior to the antiseptic method.

Habitual Dislocation of the Left Ulnar Nerve.

DR. LUTZ—Some weeks ago, a case came under my observation which was unique to me, and which I have called habitual dislocation of the ulnar nerve. The patient was a man about twenty-eight years old, of robust frame and a laborer in an axle grease factory. It is his business to dip the grease with a bucket from a vessel to a receptacle situated on a higher plane. He found that quite frequently during the performance of his work

the little and ring finger of his left hand suddenly became stiff and numb, and that these symptoms would disappear when he rubbed his elbow against his body. On examining his elbow, immediately after one of these accidents, he found a cord out of place, which easily slipped back, however. In my presence he very readily produced the dislocation, by going through the motions requisite to perform his work, and it was found that the ulnar nerve slipped forward over the internal condyle of the humerus, and that the little and ring finger were semi-flexed; the nerve was readily pushed back into its place; it seemed somewhat thickened. The patient does not remember having received an injury to his elbow.

Cases of Hernia.

Dr. Stevens—As extraordinary cases seem to be in order, I will mention a case with which Dr. Gregory is familiar. I was called upon by Dr. Frazer, Sr., to take charge of a case of strangulated inguinal hernia. It had previously been in the hands of a physician who had evidently mistaken the nature of the tumor, and had applied leeches. I found the integument thickened and inflamed from the leech bites. Drs. Frazer and Gregory assisted me in operating. On cutting through the integument we found it was a case of enterocele and epiplocele. We found but little difficulty in reducing the bowel, but it was impossible to reduce the mass of omentum. It was enormously swollen and surcharged with blood. We hesitated and discussed the circumstances, and finally determined upon amputating the mass. A plug of omentum filled the canal; over this we closed the wound as best we could. We found the separated portion to consist of at least the lower fourth of the omentum. No unfavorable symptoms followed till several days had passed, when we discovered a fluctuating mass in the cavity of the abdomen. About ten days had elapsed when I found my patient had passed into the chamber full a quart of yellow pus; this was by the bowel—per anum. The individual made a good recovery, and it promises a radical and permanent cure of his hernia. You will remember the discussions in this Society in regard to the dangers incident to cutting into the peritoneal cavity, and I present this as a case of interest in relation to that subject.

Dr. Gregory—As Dr. Stevens has referred to his case, he will doubtless remember the case of a colored man, a case of

seemingly strangulated hernia. Just before the doctor proceeded to make this incision I asked him to let me try a plan of rupturing the inguinal canal forcibly to see if I could not reduce it. I got permission and I reduced part of the tumor; the remaining portion we could not move. I introduced my thumb into the internal abdominal ring, pushed it well back in the direction of the inguinal canal, and succeeded in reducing part of the tumor. The remaining portion was adherent omentum and as we could not get it back the doctor thought he should operate. He cut it off and ligated it. That man afterwards had an incarcerated rupture and sent for me in the night and I succeeded in reducing it. I felt that I had succeeded in reducing the intestine; but for the adhesive state of the omentum I might have been successful in reducing the whole tumor.

Report of the Delegation of the St. Louis Medical Society to the Medical Association of the State of Missouri. By F. J. Lutz, M. D.,

MR. CHAIRMAN:—From the fact that I had been chosen one of the Secretaries of the Association at Carthage, and might therefore be expected to know something of the minutiae of the work, it was intimated to me before our return to St. Louis, that I would be called upon to make a report to the Society. I have therefore taken a few notes of the proceedings to which I will occasionally refer in my remarks.

The hospitality of the City of Carthage was really royal, and everything was done to make our stay agreeabe. The Association was called to order promptly at four o'clock on the afternoon of May 18th. After a prayer had been offered by the Rev. Dr. G. H. Williamson, of Carthage, Mayor Caffie was introduced, and in a dignified and self possessed manner read a very eloquent address to the Association, to which Dr. Maughs, the President, on the part of the Association responded. The next order of business was the election of officers. Dr. Green, of St. Louis, nominated Dr. Allen, of Liberty, Mo., who was unanimously elected. According to custom, a committee was then appointed by the President to report to the Association

the names of the remaining officers. While this committee was out, the committee on Scientific Communications, with Dr. Matthews as Chairman, was appointed, none of the original members of that Committee being present. The committee on nominations, through its chairman, Dr. Tefft, of Springfield, then reported the following names: For Vice Presidents—Drs. T. U. Flanner, of Springfield, T. B. Loyd, L. I. Matthews of Carthage, A. B. Sloan and A. W. Smith. For Recording Secretaries—A. J. Steele and F. J. Lutz of St. Louis. Corresponding Secretary, Dr. Mudd. At this point the new President, Dr. Allen, was escorted to the chair amid enthusiastic applause. Dr. Allen was warmly welcomed by Dr. Maughs who, taking his hand, said there was no man to whose care as a presiding officer he could turn over the affairs of the Society with more pleasure. Then turning to the Association, he introduced Dr. Allen as the President of the Association for the ensuing year.

Dr. Allen, in a few well chosen and eloquent words, thanked the Association for the honor conferred upon him, which he regarded as the highest that could be conferred on an American citizen. A telegram of greeting was then sent by the Association to the Medical Society of Illinois, which met at Belleville.

On motion Drs. Halley and Sloan, of Kansas City, were appointed a committee to draft resolutions on the death of Dr. Taylor, and Drs. Mudd and Lutz were assigned to report on the death of Dr. Kennard, the resolutions to be printed in the forthcoming transactions.

Of the Committee on Publication, the only member present was Dr. A. J. Steele, who reported that one hundred and eighty copies of the proceedings of the Association for the preceding year had been printed and distributed among the members of the Association, and the leading journals of the land. I then offered a resolution that the committee on Publications be instructed to have the proceedings printed within two months after adjournment. The reason for this is obvious to all members who belonged to the Association last year. It will be remembered that the publication of the proceedings was delayed last year until December. I also took occasion to doubt the wisdom which limited the reading of the proceedings to the members for the year, instead of giving them a wider circulation through some medical journal. Men who give to an Association their efforts

do not wish to have them buried in that way. As it is, the proceedings will be read by the eighty members who were present, and about ten more, who may subsequently send in their dues, whereas, if the printing were given to a large journal, the proceedings would be read by 2,500 or 3,000 physicians. This latter view, however, did not prevail, but the motion was adopted.

Dr. Steele then offered a resolution to the effect that the committee be instructed not to approach any medical journal for a bid to publish the transactions.

[DR. RUMBOLD here interrupted Dr. Lutz and asked: Who offered this resolution?

DR. LUTZ—Dr. Steele.

DR. RUMBOLD—Why did he not instruct the committee not to approach Rumbold? It was he alone whom he referred to. Laughter.]

Although this was championed by quite a number of the members present, and although a number of attempts were made to substitute other resolutions, such as allowing members to publish their papers in journals of their own choice, the resolution was lost.

Dr. King, of Sedalia, to prevent any medical publisher from getting the proceedings, offered a resolution, which was carried, instructing the Committee on Publication to require bond and security from the publisher who might secure the printing of the proceedings, that he would have them ready for delivery within two months from the time the copy was delivered into his hands, and would not publish or permit to be published, any of the matter contained in the proceedings until they had been printed, bound and delivered for distribution. This resolution produced a very erroneous impression upon the members present, and upon the press, as is shown by the following comment which appeared in *The Banner*, a local newspaper: "It seems that a medical journal in St. Louis has heretofore been awarded the contract for printing the proceedings as the lowest bidder, and that the able, scientific papers contributed by members of the profession, were first run through the columns of the journal as original matter, and the publication of the proceedings held back until that had been accomplished. This course enabled them to underbid any other publisher and compelled the Society to await their pleasure." The Doctor's resolution was adopted almost unanimously.

Another important resolution was then taken up, namely, the proposed change of time for electing officers. The discussion which ensued demonstrated that there would be many difficulties encountered by adopting the proposed changes, and a committee consisting of three ex-Presidents was chosen to report. This committee reported next day and suggested that the election of officers be held at the last session of the meeting. Their report was adopted.

The Association then adjourned to meet at 8 o'clock P. M., to listen to the address of the retiring President, Dr. Maughs. At the close of the address it was, on motion, ordered printed in the transactions.

On the second day the scientific papers were in order. Dr. A. J. Steele, of St. Louis, then read a very interesting report of a case of deformity of the wrist, for the treatment of which he showed a splint of his own devising, and showed the members present an improved method of taking plaster of Paris casts of the limbs and trunk.

The Treasurer's report was then read, and a resolution was passed relieving him from all liability in the loss which the Association incurred by the failure of the Mastin Bank, where the funds of the Association had been deposited by him in good faith.

Dr. Johnson, of Kansas City, reported a case of dislocation of the elbow of both bones of the forearm outwardly. Similar cases were reported by a number of gentlemen.

This was followed by perhaps the most interesting paper of the whole session by Dr. Engelmann, who read a paper on the dangers of uterine manipulations and examinations. He related a number of cases from the practice of well-known physicians of this Society and elsewhere, demonstrating the possibility of the most simple operation and manipulation being followed by the most serious sequelæ.

Dr. Halley, of Kansas City, reported two cases of facial neuralgia which he had relieved by operation.

Dr. Mudd read a very interesting paper on lithotomy and lithopraxy and reported some interesting experiments concerning the relative danger of cutting and tearing the prostate gland, and made a number of experiments on the cadaver. He also made some interesting remarks on a case of trephining, based

upon our knowledge of the localization of the various centers in the brain.

Dr. Allen read a paper on the relation of mind to matter, a paper my friend Dr. Hughes would probably call a metaphysico-psychological one.

After this the Society did me the honor to listen to a paper on operations about the peritoneum, in which I took occasion to show the falsity of the view that one can do almost any kind of injury to the peritoneum with impunity. I also reported a cyst of the left ovary which I had successfully removed.

The next paper was by Dr. Tefft, in which he undertook to prove that the gases arising from sewers and cesspools, etc., are not dangerous by themselves, but require in all cases a specific something superadded to them to be the source of infection, and he illustrated his argument by citing cases in which men had lived in the foulest atmosphere without any danger. He especially referred to the case of men in the Greene County jail who had lived in a limited number of cubic feet of air, the apartment receiving its ventilation from the privy, and yet none were sick.

In the discussion which followed Dr. Green called special attention to the propriety of referring this matter to the Committee of the Board of Health of the State of Missouri. This committee also reported to the effect that in future they advise that the first efforts made be for the simplest kind of arrangmeents. Whenever the Legislature is approached for appropriations for hygienic or other objects they met with anything but encouraging results.

A telegram of greeting in response to our own was received from the Illinois State Medical Society.

A vote was then taken as to the next place of meeting, Mexico being selected on a vote of twenty-six against twenty-five for Macon City.

The crowning session of the Association was held in Regan's Hall on the evening of the second day. Tables for more than two hundred persons had been prepared, and were beautifully decorated with flowers, and loaded with good things for the inner man. The caterer deserves commendation for the feast he provided and which was thoroughly enjoyed. The guests began assembling at 8 P. M., and before half-past eight the hall was well filled by members of the Association and by a large number of the ladies and gentlemen of Carthage. The hall was

brilliantly lighted, and when all were seated at the tables, and the time had come to enter upon the discharge of the duties of the occasion, a finer picture of life, beauty, intelligence, culture, and the means of prolonging the period of their usefulness, would be difficult to find.

The next morning Dr. Green read a paper which was well received and very highly spoken of by all the members present, on the treatment of conjunctivitis. One noteworthy merit of this paper was that it was a plain, practical resumé of the methods at our command to allay conjunctival inflammation.

The last paper was by the President of the State University, Dr. Laws, on "Medical Education." I think this report on medical education has been made for a number of years, and with due deference to the learned gentleman who read it, it may be said it was an interesting paper in regard to his school, but I thought in my own mind that the Association was not the place for such a paper, for it was really a plea for the Medical Department of the State University.

Committees were then appointed for the next year, as follows:

Credentials—Drs. Torrey, Evans and Mudd.

Scientific Communications—Drs. Latimar, Norris and French.

Progress of Medicine—Drs. Tefft, Hill, Gerard, Moss, Dalton and King.

Progress of Surgery—Drs. Johnson, Geiger and Lutz. Drs. Hearnes and Torrey to report on railroad surgery.

Ethics—Drs. Green, Gordon and Fulkerson.

Publication—Drs. Engelmann, Moses and Michel.

The following gentlemen were appointed delegates to the American Medical Association: Drs. Dysart, Schauffler, Gillet, Hearnes, Maughs, Evans, Geiger, Norris, Torrey, Wright, Steele and Means.

A paper by Dr. Alleyne on the progress of medicine, and one by Dr. Todd, of St. Louis, on the dry treatment of otorrhœa, were read by their titles and referred to the Committee on Publication.

I think the Association was a success in many respects. Some of the papers were very instructive, and the members took a great interest in the proceedings. In regard to numbers the Association was not such a success. The distance and the inconvenience of getting there was no doubt the cause of preventing many from attending, who otherwise would.

At present it is the opinion that the Association should perform missionary work—go about to different portions of the State, and promote the establishment of local medical associations. But I understand this necessity is rapidly passing away, as almost every county in Missouri has its medical society, or the physicians at least belong to a district medical society, and in the near future the Association will no doubt select a centrally located and easily accessible city for its permanent place of meeting.

The Association closed with the passage of a resolution of thanks to the citizens of Carthage, the ladies especially, and to the Reception Committee, for the generous treatment and genuine hospitality it had received, to the railroads for the courtesy of reduced fare, and to the press for the publication of the proceedings.

DR. BARRET said, after Dr. Lutz had concluded his remarks: There seems to have been some misunderstanding at the State Association in regard to the delay that occurred in the publication of the proceedings last year. I wish simply to call attention to that fact, and to state that I think it would be proper for the Chairman of the Committee, since he was not present at the Association, to defend the Committee's action, to state the reasons why that report was not gotten out earlier.

DR. WM. PORTER—I rise, with the privilege of the house. The reason that one, at least, the Chairman of the committee, did not go to Carthage was because he was disgusted with the manner in which the publishing of the transactions was conducted. I had other reasons that were sufficient, but this alone would have prevented me from going. I will simply say that the Committee did not publish the proceedings of the State Association earlier because some members of the Association withdrew their papers and refused to give them to the Committee, and this action tied the hands of the Committee, and rendered its efforts fruitless. The Committee had, by a vote of four to one, decided to give the printing to the ST. LOUIS MEDICAL AND SURGICAL JOURNAL. By this means the volume would have been out in a month from the time that the copy was ready. (This was the contract.) Besides, it had secured a promise that the same should be published in the columns of the JOURNAL, giving an additional circulation of 2,200 more than the 180

copies which were published. This was within a few dollars of the lowest offer. Some of those who had read papers refused to hand in their papers. The Committee was threatened and insulted because a few deemed this an advantage to THE MEDICAL AND SURGICAL JOURNAL, rather than to another. I am told that much correspondence was had and every influence used to embarrass the procedure. If the papers had been in my hands they would have been published as ordered. Being in the hands of the Secretary of the Association, our hands were tied, and finally we were compelled to publish 180 copies, which have so far been unnoticed. I protest against the back handed action which endorses this mode of coertion, and want to fasten the illegitimate offspring where it belongs.

Editorial.

THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI.

We have delayed the issue of the present number of the JOURNAL to publish a report—a little out of its order—made by Dr. F. J. Lutz to the St. Louis Medical Society, on the meeting of this Association, which took place at Carthage May 18, 19 and 20, 1880.

Many of our readers will no doubt be puzzled in their attempts to fully understand the "whys and wherefores" of the resolution to prevent medical journals from publishing the Association's proceedings.

Last year we offered, as stated by the Chairman of Publication, to publish the State proceedings in the JOURNAL, at a pecuniary sacrifice to ourselves. We done this in the interest of the Society and of the profession of the State, trusting that in the "long run" it would be beneficial to the JOURNAL. Instead of receiving, what we confidently expected, well merited appreciation, we received scorn and abuse, but this came from a few who took advantage of their position, and threatened a rupture of the State Association if their unjust course was not sustained. By these few our motives were intentionally and persistently perverted, and through them, others were made to misunderstand our efforts.

As the profession of the State is interested in this matter, we will state that our crime was the proposition to publish the State proceedings *in the* JOURNAL *and in book form for the same price* for which the *book alone* could be published.

Every reader will at once ask, why their unwillingness to accept this generous offer? Why the animosity of this few at the JOURNAL for making this offer? The answer is, they fancied that through this publication, the JOURNAL would be benefited to the injury of a concern in which they were interested. Even if it were true that their concern would be injured, which is indeed very doubtful, is this course manly?

The dislike of a few men to this journal should not make the Association unjust to itself nor check the meritorious efforts of a medical journal to place its proceedings before the professional world, to the benefit of *every one*, but especially to that of the Association. When men eminent in their profession spend weeks and months in preparing papers, and then read them before a society, is it not a credit to the author and the Society if the most popular and the largest circulated medical journal in the West desires to publish it? Is it any crime in the editor of that journal to make honorable effort to get such papers for publication?

We have been berated by our friends for not being present at the Association to make our offer in open session. To these we say, that while we had other reasons to prevent our attendance, coming upon us suddenly, we still felt like the Chairman on Publication, Dr. Porter, in this matter.

We will close by saying, that if we thought that it was as much to our pecuniary benefit to publish the proceedings of the Association *next* year, as we know it will be to the interest of every reader of a paper in the Association to have them published, we would say, "On to Mexico."

THE ILLINOIS STATE MEDICAL SOCIETY.

We had the pleasure to meet with this learned body of medical gentlemen, and, barring some papers that were too long—although very valuable contributions to medical literature—to be read in full, were much interested by the proceedings. Commencing with our next issue, we will publish quite a full synopsis of the three days' proceedings, taken for the JOURNAL by Dr. A. H. Ohmann-Dumesnil.

Clinical Reports from Private Practice.

Fibroid Tumor. By A. V. Banes, M. D., of St. Joseph, Mo.

The history of the case here given, came under my notice May 4th, 1879. The patient had been under the care of several physicians, but had only been subjected to internal and external treatment. Mrs K.——, æt. 49 years, of spare habit, very anæmic, had not enjoyed good health for some time previous. She occasionally suffered with severe pains in the hypogastrium and early in 1877 I noticed a hard mass, the size of a large orange, in that region. At the time I saw her, the tumor was as large as a five months' pregnant uterus, was movable, not tender even upon hard pressure. She had been delicately reared, but meeting with reverses during the war, had been subjected to many hardships.

I diagnosed the case as a fibroid or cystic fibroid tumor. After explaining the desperate risks she would have to encounter, she unhesitatingly decided in favor of an operation. As she lived several miles in the country and knowing I could not give her the proper attention that distance from the city, I prepared a room in my own house, with antiseptic precautions, and appointed May 20th, as the date for the operation. She was put upon a generous diet and her system saturated with iron and quinine. I operated at the time stated, with the assistance of several of our best physicians and in the presence of a number of medical students.

The incision was made from the umbilicus to the pubis, a strong carbolic spray being thrown over the line of incision. Upon examination, after the cavity was opened, we found a hard, round, partially cystic fibroid tumor attached to the fundus of the uterus and weighing eighteen pounds.

After a hasty consultation, it was agreed to remove the tumor en masse; it was accordingly lifted from the cavity, dissected carefully near its base, a portion of the uterine tissue being involved. The vessels were promptly ligated as we went along. After a reasonable time had elapsed to see if hemorrhage occurred, the cavity was closed with nine interrupted sutures, the peritoneum not being included. Adhesive straps and a broad flannel bandage were used to support the abdomen.

She reacted nicely, but two hours later, unfavorable symptoms set in and she died almost immediately of nervous shock and exhaustion.

I cite this case, feeling that it is the duty of physicians and surgeons to report unfavorable, as well as successful cases.

Poisoned by Iodoform. By F. B. Tiffany, M. D., of Kansas City, Mo.

Mrs. K. S., age 29, vest-maker, consulted me February 15, 1879, respecting her hearing. Examination revealed the following conditions: Tympani intact, but in a hypertrophied condition, with non-suppurative catarrh of the middle ear; patient was also suffering from posterior nasal catarrh and severe pain in the occipital and cervical region with diurnal vertigo and tinnitis aurium. Treatment:

℞ Potass Brom.....ʒiv.
Colombo Tinct.....ʒjss.
Aqua Distil. ad.....ʒvj.
M. Sig. Desert spoonful *ter die*.

Chlorate of potash, by posterior nasal douche; inflation of tympanic cavity, by means of the Eustachian catheter.

This treatment was continued for several days with good results, the headache and vertigo entirely disappearing, with slight improvement of hearing.

February 27, 1879, applied to the tympana, per external meatus, a small portion of the following mixture: Iodoform, grs. v., et Gelati Petroli, ʒij.

February 28, patient returned complaining of pain and itching of the ears; said the medicine I applied the day previous was the cause, as she experienced like trouble from the same medicine (knowing it by its odor) which Dr. Williams, of Cincinnati, applied in the form of a yellow powder when under his treatment, about two years previous. I told her I did not think it could be the medicine, as its effect was of a soothing nature and not irritant (it being an anodyne), and I frequently used it in much larger quantity without bad results; indeed, I had never known, read nor heard of its having such an effect; besides, I had only used a fraction of a grain; but she insisted that it was the cause of the trouble, as she had nearly lost her life by its use before. I discontinued its use and syringed the meati with tar-soap water, washing away any remaining portion of the salve.

March 1, lobes of ears were inflamed and swollen with an aqueous discharge which excoriated the skin wherever it touched.

March 2, she complained of severe pain, it being so great she could not sleep, but walked the floor the entire night. Syringed the ears with soapsuds; gave more brom. potass. and chloral.

March 3, excoriation extended to the face and neck with an erysipelatous swelling; pain was very severe.

March 5, discharge very profuse, erysipelas extended over the face and neck and down Eustachian tube; hyperæmia of the submaxillary glands. Gave large doses of iron and quinia, and applied cranberry poultice.

March 6, swelling extended over the entire face, closing both eyes. March 8, submaxillary glands badly swollen with indication of suppuration; erysipelas still extending to the chest.

March 9, symptoms much worse than on the previous day; the cranberry poultice rather aggravated than otherwise, for which I substituted a mask of cosmoline, which gave immediate relief, checking the burning pain like magic.

March 11, patient quite easy, swelling much reduced; continued the use of the cosmoline, with lead lotion for the external meatus for a few days longer. Patient entirely recovered, with hearing slightly improved. Temperature did not go above 99⅘° during the whole time.

In sustaining the opinion that this was a case of idiosyncrasy, I would state that Mrs. S. cannot eat eggs in any form whatever without experiencing the greatest degree of nausea.

Book Reviews.

A Text Book of Physiology. By M. Foster, M. A., M. D., F. R. S. Third Edition, Revised. [London: MacMillan & Co. 1879.]

A full criticism of this book, in its different departments, would be scarcely less than a report on the recent progress of physiology, and require more time and space than can be given here. The author begins with the amœba as illustrating the simplest manifestation of vital property, showing this structureless mass to be—1st, contractile; 2d, irritable; 3d, assimilative; 4th, metabolic and secretory; 5th, respiratory; 6th, reproductive. Speaking of the 'higher' animals he says: "We learn from morphological studies they may be regarded as groups of amœbæ peculiarly associated together. All the physiological phenomena of the higher animals are similarly the results of these fundamental qualities of protoplasm peculiarly associated together. The dominant principle of this association is the physiological division of labor corresponding to the morphological differentiation of structure." "In the evolution of living beings through past times, it has come about that in the higher animals (and plants) certain groups of the constituent amœbiform units or cells have, in company with change of structure, been set apart for the manifestation of certain only of the fundamental properties of protoplasm, to the exclusion of the other properties."

These sentences indicate the position of the author on one of the most interesting physiological questions of the day. With

regard to localizing the functions of the brain: "Although much has been written and many experiments performed in reference to the various parts of the brain, the views which have thereby been worked out are, for the most part, neither satisfactory nor consistent. Indeed, the proper method to study the brain is to trace out a cerebral operation along its chain of events, rather than seek to attach definable functions to the cerebral anatomical components."

In speaking of alteration in the pupil, the phrase "nervous mechanism of the pupil" is used, which is a little ambiguous, as it is certainly the nervous mechanism of the *iris* that produces these attractions..

A few features of this excellent book, which attract the attention of the reader at first sight, are—

(1) The use of the metric system. This is as inevitable as it is desirable. It is the only scientific system of weights and measures in the world, and the sooner it is met in medical literature the sooner will the profession give it that attention necessary to its proper understanding and use.

(2) The omission of comparative physiology. This is a matter interesting in itself and profitable, to a certain extent, in its relation to the physiology of man. But it certainly widens and extends the discussion of the subject, and our author seems to have decided that the benefits to be derived from this source were scarcely equal to the disadvantages resulting from too great volume.

(3) The introduction of numerous figures illustrating the nervous and vascular mechanisms, and other subjects. Several of these diagrams, as those illustrating the contractility of muscle and blood pressure, occupy an entire page. Some of these might be considered a little superfluous, but the author, in his preface, says: "My previous decision not to introduce figures of instruments has been so generally disapproved, that I have waived my own judgment and inserted a number of illustrations which, I trust, will be found to assist the reader."

(4) The addition of an appendix of fifty pages on the "Chemical Basis of the Animal Body." In this appendix we have a very full and complete account of the proximate and elementary principles. This department of physiological study has assumed greater importance of late, since the more recent discoveries have gone far to establish the theory that all vital phenomena can be traced to molecular change and molecular arrangement.

Dr. Foster's Text Book of Physiology must take its proper place in the front rank of works on this subject. It is altogether an admirable book. Unincumbered by superfluities, clear and systematic in arrangement, comprehensive in detail, simple though scientific in style, it is suitable alike to the expert and the novice.

H. C. Fairbrother.

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Manaca. (FRANCISCEA UNIFLORA.) This drug is officinal in both Brazilian Dispensatories in which it is classed among alteratives of the more active and positive kind. So marked is its effects in the syphilitic cachexia, that it has been called *mercurio vegetal* by the Brazilians. It is recommended also as an anti-rheumatic, relieving the pain and materially shortening the natural course of the disease.

We ask for it a thorough trial, under the belief that it will prove a valuable addition to the list of remedies commonly employed in rheumatism. It is regarded by the Brazilians as almost a specific in the chronic form of the disease.

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